The Power of One: Maximizing a Public Health, Community-Based, and Holistic Approach to Suicide Prevention

February 24, 2016; 2-3:30 p.m. (ET)

Webinar Details

- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” box)
- Webinar audio is not provided through Adobe Connect

  CONUS 800-779-2619

  International 773-799-3517

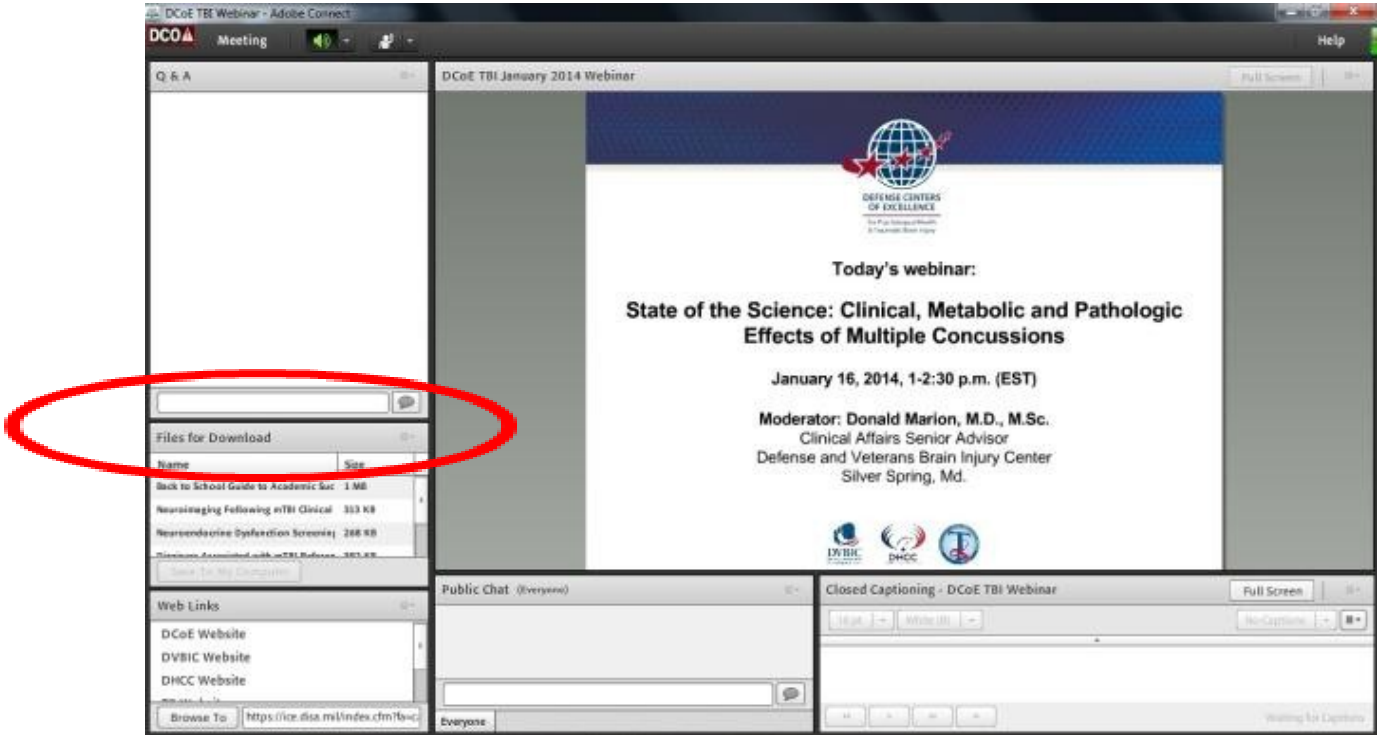
  Use participant pass code: 3951660

- Question-and-answer (Q&A) session

  Submit questions via the Q&A box

Resources Available for Download

Today's presentation is available for download in the "Files" pod on the screen



Continuing Education Details

- The awarding of continuing education (CE) credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.
- The authority for training of contractors is at the discretion of the chief contracting official.
  - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

Continuing Education Accreditation

- This continuing education activity is provided through a collaboration between DSPO, VA, and DCoE, and issued by Professional Education Services Group (PESG).

- Credit Designations include:
  - Physicians – Accreditation Council for Continuing Medical Education (ACCME) AMA PRA Category 1
  - Physician Assistants – American Academy of Physician Assistants (AAPA) Category 1
  - Nurses – American Nurses Credentialing Center (ANCC)
  - Nurse Practitioners – American Association of Nurse Practitioners (AANP)
  - Health Care Executives – American College of Health Care Executives (ACHE)
  - Rehabilitation Counselors – Commission on Rehabilitation Counselor Certification (CRCC)
  - Speech Language Professionals/Audiologists – American Speech-Language-Hearing Association (ASHA) (Intermediate level, Professional area)
  - Psychologists – American Psychological Association (APA) Division 22 (Rehabilitation Psychology)
  - Occupational Therapists – ACCME Non-Physician CME
  - Physical Therapists – ACCME Non-Physician CME, Texas PT Association
  - Social Workers – National Association of Social Workers (NASW)
  - Case Managers – Commission for Case Manager Certification (CCMC)
  - Pharmacists and Pharmacy Technicians – Accreditation Council for Pharmacy Education (ACPE)

Continuing Education Accreditation

Physicians
This activity has been planned and implemented in accordance with the essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). Professional Education Services Group is accredited by the ACCME as a provider of continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of *AMA PRA Category 1 Credits* ™. Physicians should only claim credit to the extent of their participation.

Nurses
Nurse CE is provided for this program through collaboration between DCoE and Professional Education Services Group (PESG). Professional Education Services Group is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC). This activity provides a maximum of 1.5 contact hours of nurse CE credit.

Occupational Therapists
(ACCME Non Physician CME Credit) For the purpose of recertification, The National Board for Certification in Occupational Therapy (NBCOT) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Occupational Therapists may receive a maximum of 1.5 hours for completing this live program.

Physical Therapists
Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

Psychologists
This activity is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

Continuing Education Accreditation

Speech-Language Professionals

This activity is approved for up to 0.15 American Speech-Language-Hearing Association (ASHA) CEUs (Intermediate level, Professional area)

Social Workers

This activity is approved by The National Association of Social Workers (NASW) for 1.5 Social Work continuing education contact hours.

Case Managers

This program has been pre-approved by The Commission for Case Manager Certification (CCMC) to provide continuing education credit to CCM® board certified case managers. The course is approved for up to 1.5 clock hours. PESG will also make available a General Participation Certificate to all other attendees completing the program evaluation.

Nurse Practitioners

Professional Education Services Group is accredited by the American Academy of Nurse Practitioners (AANP) as an approved provider of nurse practitioner continuing education. Provider number: 031105. This course if offered for 1.5 contact hours (which includes 0 hours of pharmacology).

Physician Assistants

This Program has been reviewed and is approved for a maximum of 1.5 hours of American Academy of Physician Assistants (AAPA) Category 1 CME credit by the Physician Assistant Review Panel. Physician Assistants should claim only those hours actually spent participating in the CME activity. This Program has been planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.

Continuing Education Accreditation

Rehabilitation Counselors

The Commission on Rehabilitation Counselor Certification (CRCC) has pre-approved this activity for 1.5 clock hours of continuing education credit.

Health Care Executives

PESG is authorized to award (1.5) hours of pre-approved American College of Healthcare Executives (ACHE) Qualified Education credit (non-ACHE) for this program toward advancement, or recertification in the ACHE. Participants in this program wishing to have the continuing education hours applied toward ACHE Qualified Education credit should indicate their attendance when submitting application to the ACHE for advancement or recertification.

Pharmacists and Pharmacy Technicians

Professional Education Services Group is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This program will provide a maximum of 1.5 contact hours for participants attending all conference CPE activities. UAN # 0829-0000-16-052-L04-P/T

Medical Coders

Medical Coders will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Medical Coders may receive a maximum of 1.5 hours for completing this live program.

Other Professionals:

Other professionals participating in this activity may obtain a General Participation Certificate indicating participation and the number of hours of continuing education credit.

Questions and Chat

- Throughout the webinar, you are welcome to submit technical or content-related questions via the Q&A pod located on the screen. **Please do not submit technical or content-related questions via the chat pod**.
- The Q&A pod is monitored during the webinar; questions will be forwarded to presenters for response during the Q&A session.
- Participants may chat with one another during the webinar using the chat pod.
- The chat function will remain open 10 minutes after the conclusion of the webinar.

Adam Walsh, Ph.D., LCSW

Acting Director for Research and Evaluation

Defense Suicide Prevention Office (DSPO)

- Dr. Adam Walsh has a Ph.D. in social work from the University of North Carolina at Chapel Hill, a Post-Doctoral Fellowship in Suicide Prevention and Intervention Research: Clinical Psychology Department George Mason University
- MSW in clinical social work from the University of Nebraska
- He has been a Licensed Clinical Social Worker since 2000
- Currently Dr. Walsh is the Subject Matter Expert at the Defense Suicide Prevention Office. He has 15 years of experience providing clinical counseling and assessment services to civilians and Military personnel and families. In addition, he has expertise in conducting suicide research; developing suicide and integrated prevention programs and interventions for at risk populations.

Caitlin Thompson, Ph.D.

National Mental Health Director of Suicide Prevention & Community Engagement

Department of Veterans Affairs (VA)

- Dr. Caitlin Thompson is the Department of Veterans Affairs' National Mental Health Director of Suicide Prevention and Community Engagement. She is responsible for policy development, provider and patient education in the areas of suicide awareness and prevention, implementing assessment and treatment strategies and the dissemination of new findings in the area of suicide throughout the VA system and broader community.

- Prior to this role, Dr. Thompson spent five years as the Clinical Care Coordinator for the National Veterans/Military Crisis Line. A licensed clinical psychologist by training, she also serves as an Adjunct Assistant Professor at the University of Rochester Department of Psychiatry.

- In 2012, she spent five months detailed as the VA Liaison for the Department of Defense's Defense Suicide Prevention Office. Dr. Thompson completed her Bachelor's degree in music at Brown University and her Master's degree and Doctorate in clinical psychology at the University of Virginia.

Webinar Overview

Today's webinar The Power of One: Maximizing a Public Health, Community-Based, and Holistic Approach to Suicide Prevention.

At the conclusion of this webinar, participants will be able to:

- Understand the rationale and evidence to support a public health, community focused approach to suicide prevention.
- Understand the importance of using a prevention science framework to guide and implement suicide prevention efforts.
- Understand how a population-wide suicide prevention strategy can leverage an entire community to prevent suicide.

The Power of One: Maximizing a Public Health, Community-Based, and Holistic Approach to Suicide Prevention

Adam Walsh, PhD, MSW, LCSW
Acting Director, Research and Evaluation

February 2016

DEFENSE SUICIDE PREVENTION OFFICE

Objectives

- Demonstrate that suicide is a culmination of complex interactions between biological, social, economic, cultural and psychological factors operating at individual, community and societal levels that needs a comprehensive approach for prevention
- Review the rationale and evidence to support a public health, community focused approach to suicide prevention
- Describe community-based, holistic approaches to suicide prevention
- Illustrate the difference between the medical and the public health models

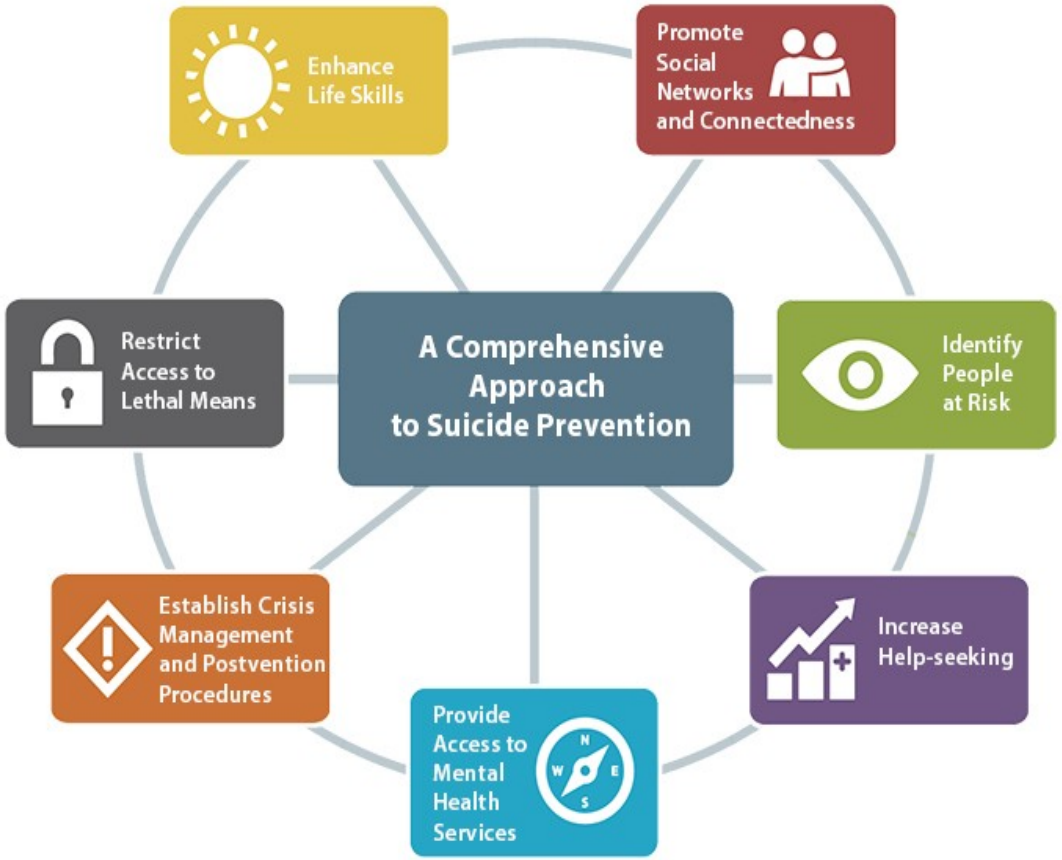
Comprehensive, Holistic Approach

To address the problem of suicide effectively will require an integrated approach in which experts from many disciplines come together to tackle the problem. Only with such an interdisciplinary effort can a full understanding of the complex nature of suicide be obtained. And only through this full understanding can effective interventions be designed.

Institute of Medicine,
Reducing Suicide: A National Imperative, 2002

A Comprehensive Approach to Suicide Prevention

- No single intervention can prevent suicides.
- Successful suicide prevention strategies involve medical (doctors, behavioral health specialists) and non-medical (military leaders, family, peers) participants.


Enhance Life Skills
Promote Social Networks and Connectedness
Restrict Access to Lethal Means
A Comprehensive Approach to Suicide Prevention
Identify People at Risk
Establish Crisis Management and Postvention Procedures
Increase Help-seeking
Provide Access to Mental Health Services

Suicide Prevention Resource Center (SPRC)

The Importance of Every Intervention

There is increasing awareness about at-risk populations in the military. Identifying people who are at risk for suicide is an essential strategy to reach those in the greatest need.

A substantial proportion of military people who are at risk for suicide will not seek help on their own. Fighting stigma towards help-seeking behaviors and valuing the individual's recognition of the need for support can lower the risk of suicide.

There are cultural and financial barriers that might impede access to effective mental health. Mental health services must be easily accessible and military health care providers adequately trained to assess and manage suicide risks.

Preparedness to address potential suicide risks and capacity to help individuals affected by the suicide of a loved one will increase the effectiveness of appropriate responses.

The Importance of Every Intervention (cont.)

Access to lethal means is a key risk factor for suicide. Limiting the ability of vulnerable people in the military to obtain and use highly lethal methods of self-harm can reduce the risk of dying by suicide.

Life skills are a key protective factor for suicide. Enhancing critical thinking, stress management, and coping skills can empower individuals to face life challenges such as economic stress, difficulties in interpersonal relationships, illness, etc.

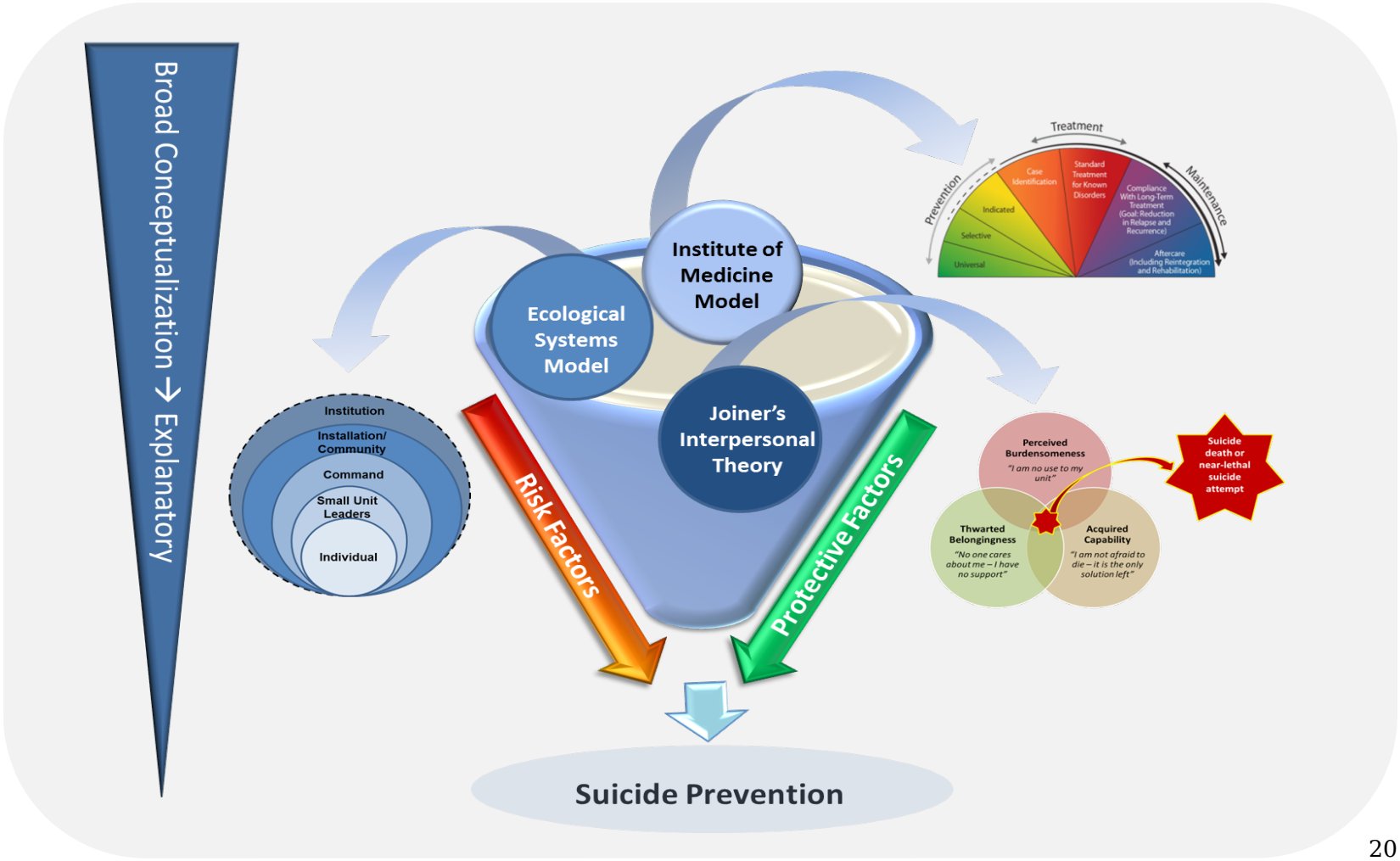
Social support and connections within and outside the military environment are protective factors against suicide. Positive experiences and engagement in social activities can help protect people against suicide, despite the presence of other risks.

Suicide Prevention Strategy

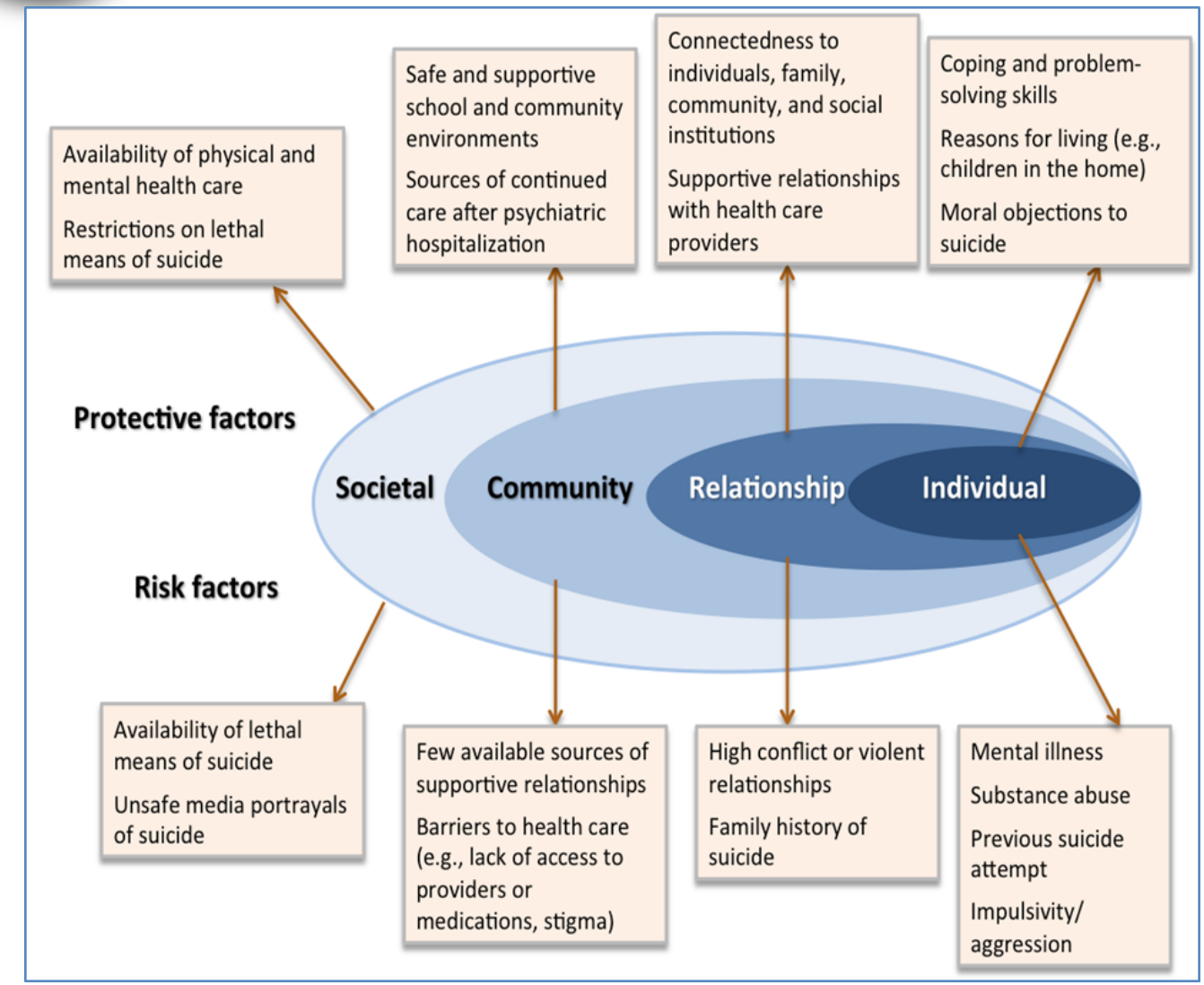
A strategy indicates a clear commitment of a government to prioritizing and dealing with the issue of suicide. It also provides leadership and guidance regarding what the key evidence-based suicide prevention activities are and what should be prioritized. A strategy allows for the transparent identification of stakeholders who are accountable for specific tasks, and outlines ways to coordinate between them effectively.

Preventing Suicide: A Global Imperative,
World Health Organization, 2014

DSPO Strategy: Integrating Models of Suicide Prevention

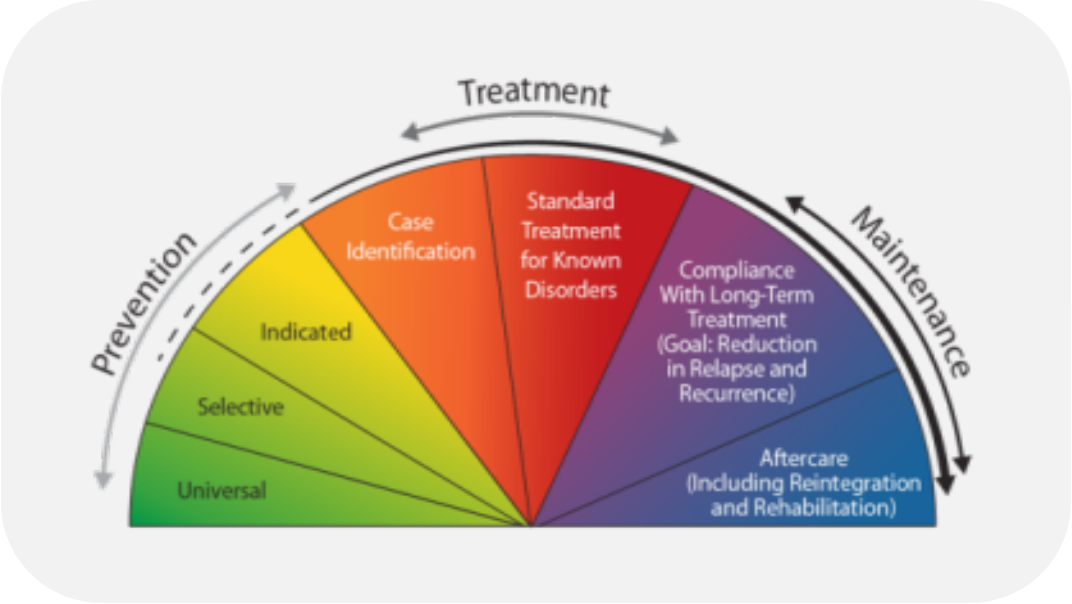


Ecosystem Model


Availability of physical and mental health care
Restrictions on lethal means of suicide
Safe and supportive school and community environments
Sources of continued care after psychiatric hospitalization
Connectedness to individuals, family, community, and social institutions
Supportive relationships with health care providers
Coping and problem-solving skills
Reasons for living (e.g., children in the home)
Moral objections to suicide
Protective factors
Societal
Community
Relationship
Individual
Risk factors
Availability of lethal means of suicide
Unsafe media portrayals of suicide
Few available sources of supportive relationships
Barriers to health care (e.g., lack of access to providers or medications, stigma)
High conflict or violent relationships
Family history of suicide
Mental illness
Substance abuse
Previous suicide attempt
Impulsivity/ aggression

The ecosystem model shows overlapping rings of influence, illustrating the need to target action across all rings and not just the individual.

IOM Prevention Model

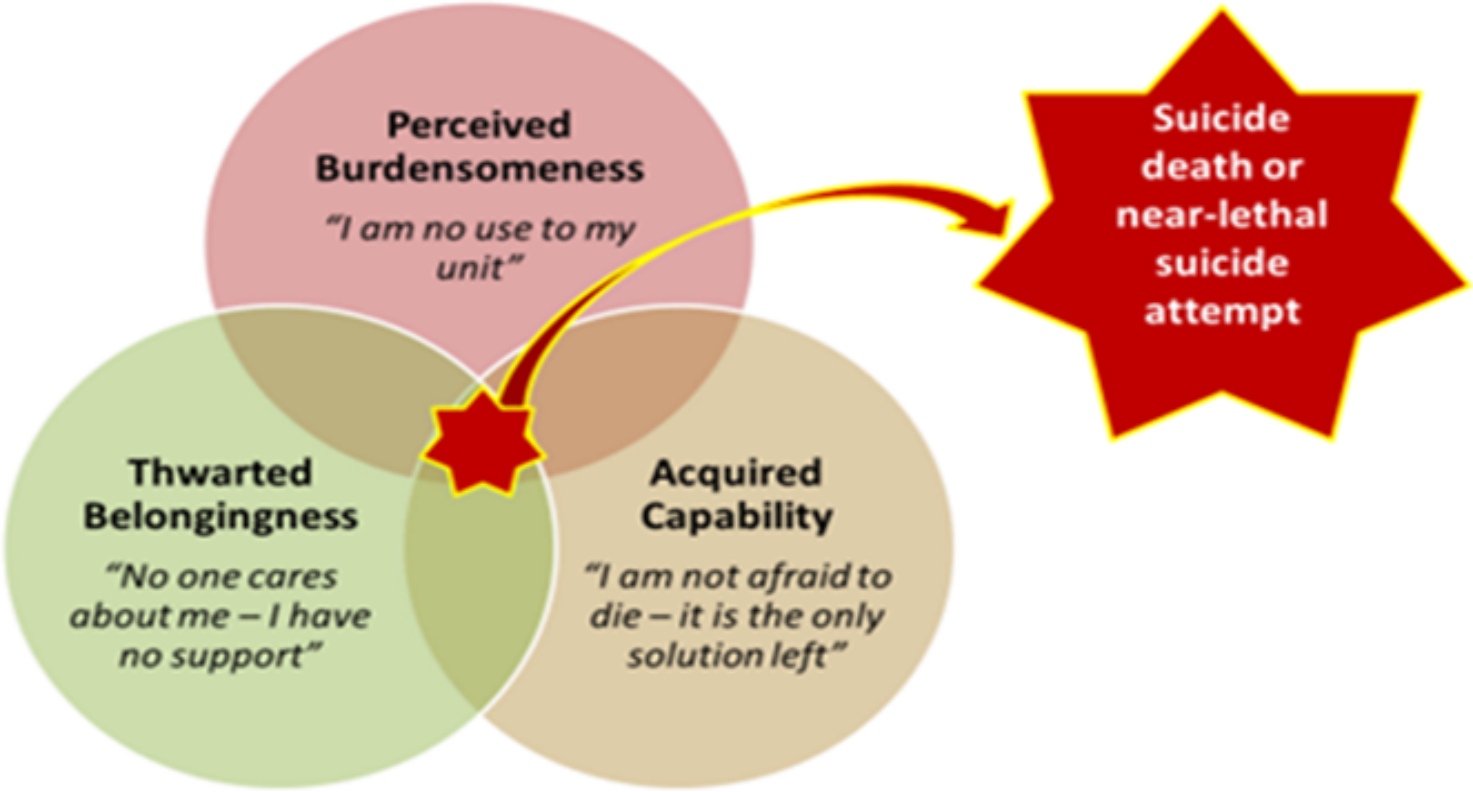


Universal Prevention Strategies: Target an entire population to maximize health and minimize risk (i.e., means safety, responsible media reporting)

Selective Prevention Strategies: Target vulnerable, at-risk groups within the population (i.e., gatekeeper training, crisis helplines)

Indicated Prevention Strategies: Target very specific, high risk groups who show signs of suicide behaviors or attempts (i.e., assessment, community support programs)

Interpersonal Theory of Suicide


Perceived Burdensomeness
"I am no use to my unit"
Thwarted Belongingness
"No one cares about me – I have no support"
Acquired Capability
"I am not afraid to die – it is the only solution left"
Suicide death or near-lethal suicide attempt

Rose's Theorem

"A large number of people at small risk may give rise to more cases of disease than a small number who are at high risk"

Geoffrey Rose, 1989

Balanced Approach to Suicide Prevention

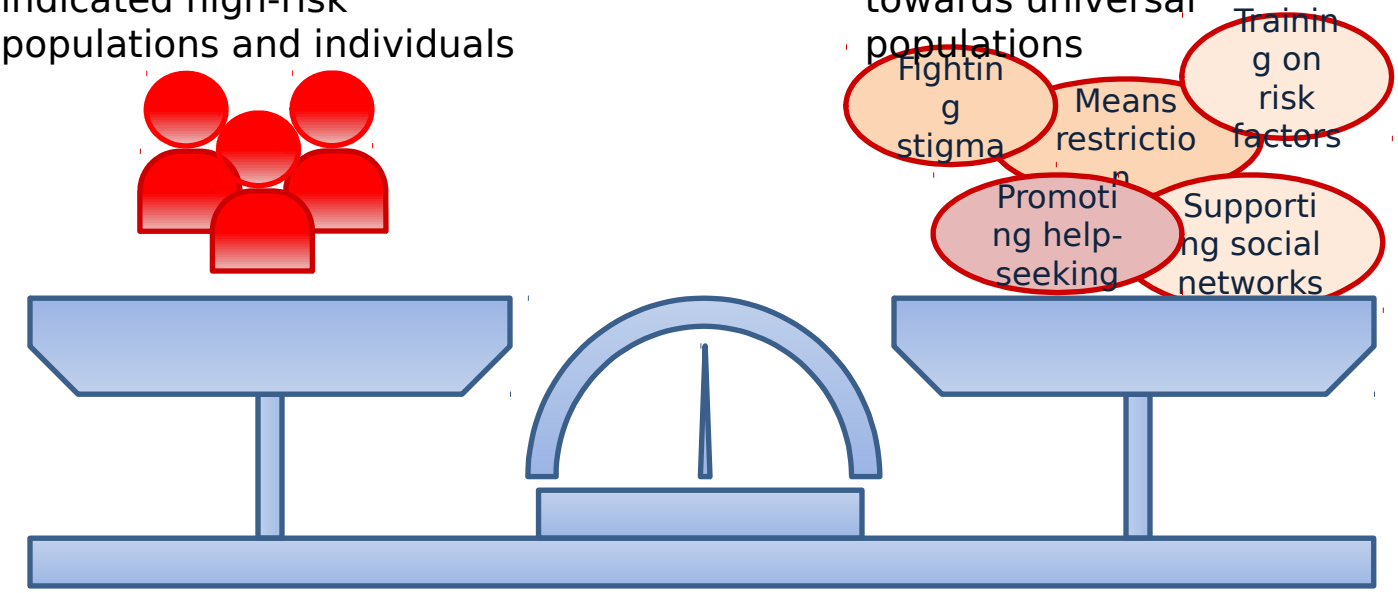
The Medical and the Public Health Approaches have a different focus but both contribute to successful suicide prevention strategies.

Medical Approach

Clinical interventions targeted to selective and indicated high-risk populations and individuals

Public Health Approach

Non-clinical, community-based prevention targeted towards universal populations



Community vs. Medical Model

	Community Model	Medical Model
Definition:	Designed to supplement and decrease the need for more costly inpatient mental health care delivered in hospitals. Maintains people in the community which decreases stigma of MH problems	Abnormal behavior is the result of physical problems and should be treated medically using a set of procedures (Tx/meds/therapy)
What it is:	Short-Term/Solution Focused – More accessible and responsive to local needs because it is based in a variety of community setting rather than aggregating and isolating individuals in medical setting (i.e., hospitals); Community, less intrusive interventions are utilized, first (chaplains; embedded counselors)	Medical / Longer Term Tx – An approach to pathology that aims to find medical treatments for diagnosed symptoms and syndromes and treats the human body as a very complex mechanism
What it is not:	In-patient treatment/interventions	Independent/patient decision making; cost effective; short-term; accessible
Changes needed:	A shift to a holistic public health model where a spectrum of community resources are leveraged to prevent suicide Refine the assessment of suicide-- thoughts and behaviors of suicide operate on a continuum.	All thoughts of suicide need to be referred to MTF.

Community Matters

Communities play a critical role in suicide prevention. They can provide social support to vulnerable individuals and engage in follow-up care, fight stigma and support those bereaved by suicide.

Preventing Suicide: A Global Imperative,
World Health Organization, 2014

It is important to foster a community that cultivates help-seeking and compassion for others.

CDC Recommendations for a Community Plan

Implementation of the Public Health, Community-Based Prevention Model

Case Study:

JD Hawkins "Communities That Care," a comprehensive strategy for activating communities to leverage prevention science to plan, implement, and evaluate prevention programs.

- Use data to identify populations with elevated risk and protective factors
- Identify researched, effective prevention interventions to reduce those specific risks and enhance protection
- Implement at multiple levels within the community
  - Structure funding
  - Stakeholder involvement
- Mobilize the community
  - Training and education
  - Sustained technical assistance
- Evaluation and Continual Improvement

DSPO's Targeted Interventions

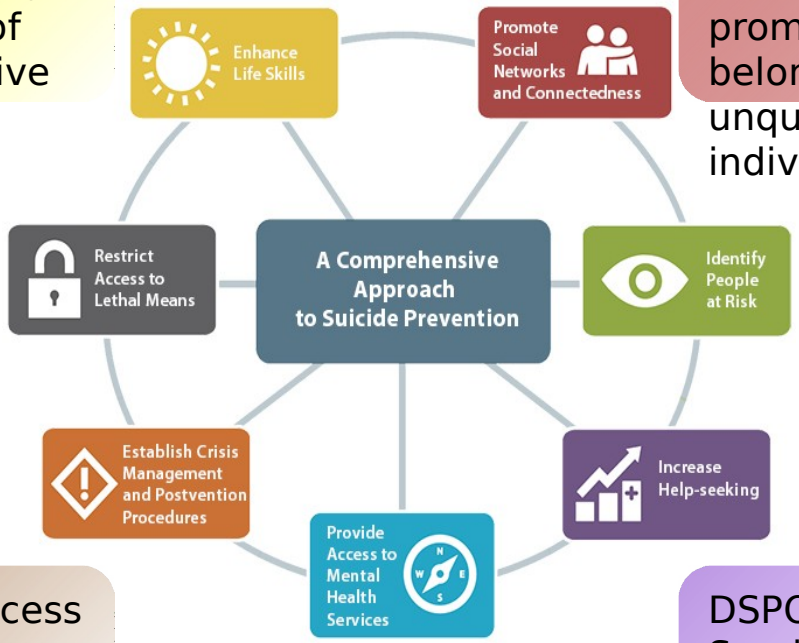
DSPO employs a variety of interventions to support suicide prevention.

DSPO, through appropriate channels and collaboration, promotes strengthening of life skills as a key protective factor against suicide.

DSPO partners with Services and organizations that promote a sense of belongingness and their unquestionable value as individuals.

DSPO facilitates scientific research and analysis that assesses the effect of limiting access to lethal means on suicide prevention.

DSPO conducts data surveillance to ensure that quality data informs accurate analysis and supports effective prevention strategies.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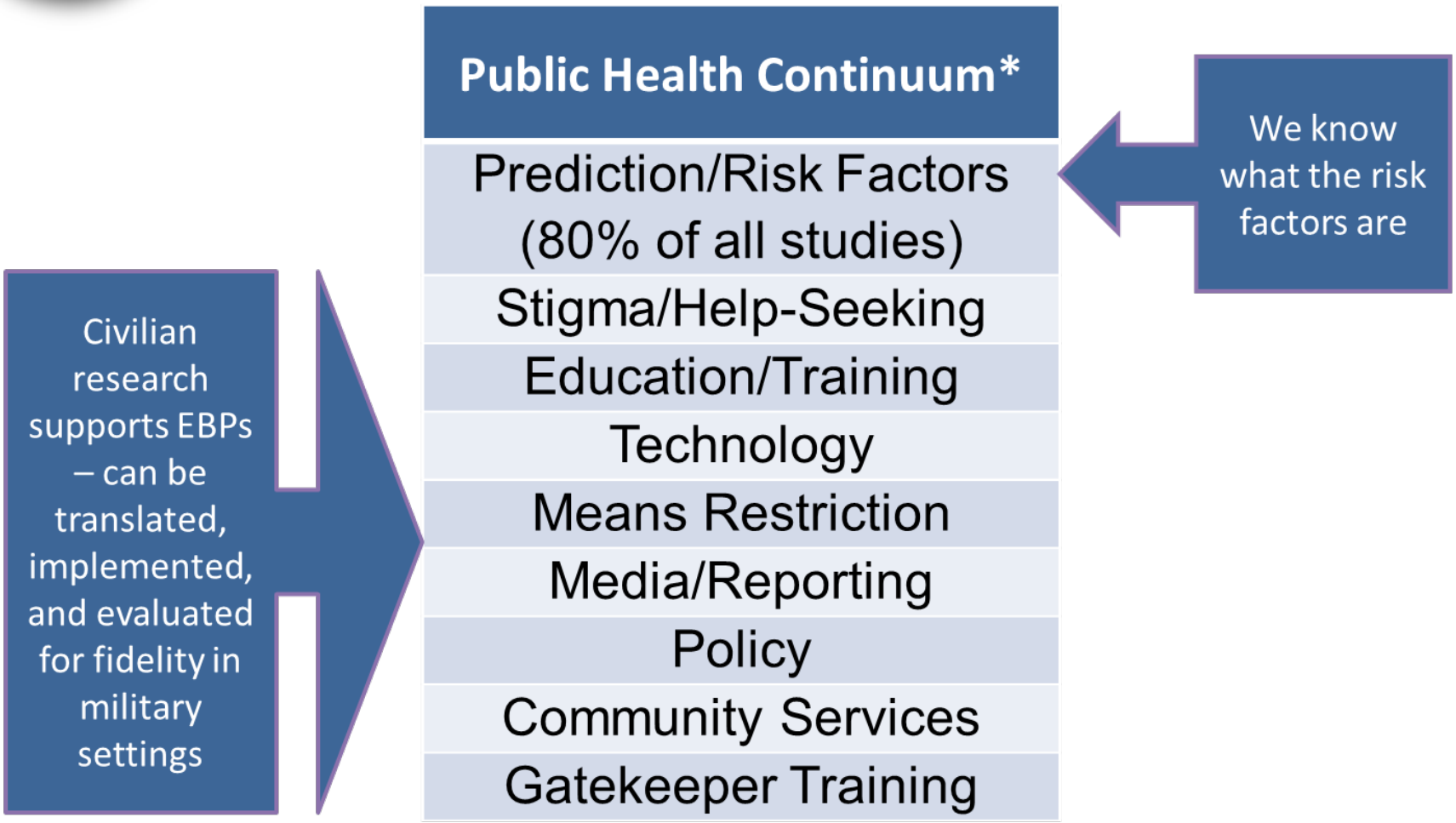
Provide Access to Mental Health Services
Responsibilit y under DHA

DSPO promotes timely access to services once crises develop, and tracks and advocates for effective postvention efforts .

DSPO collaborates with Services to promote help-seeking through training and communications that reinforce this behavior.

Research Focused on Data Prediction vs. Evidence Based Practices



*Output from the Defense Suicide Prevention Research Analysis Tool (DSPRAT), which categorized the last five years of suicide prevention research and supports translation of research to practice.

Mapping across the Ecosystem: Examples of Evidence-Based Practices

Prevention					
	Institution	**Community**	**Command**	**Family/Friends**	**Individual**
Universal	Life Skills/Adaptive Coping Programs Responsible Safe Messaging	Means Safety CSSRS non-clinical approach	CSSRS non-clinical approach	CSSRS non-clinical approach	
Selective		Life Skills/Adaptive Coping Programs			CBT with high risk population
Indicated					
Intervention					
	Institution	**Community**	**Command**	**Family/Friends**	**Individual**
Universal		Caring Contacts			
Selective			CSSRS non-clinical approach	CSSRS non-clinical approach	Life Skills/Adaptive Coping Programs
Indicated		Caring Contacts			CBT with suicide attempters/ideators
Postvention					
	Institution	**Community**	**Command**	**Family/Friends**	**Individual**
Universal					
Selective	Responsible Safe Messaging				Life Skills/Adaptive Coping Programs
Indicated					CBT with survivors

DSPO Focus Going Forward: Public Health Model for Community

- Increasing the Practical Application of Skills-Based Training
- Targeted Communications to Reduce Stigma
- Identifying the Non-Help-Seeking Population
- Intensive Outreach Interventions to Service Members Who Have Attempted Suicide
- Assessing the Effect of Means Reduction Policy
- Embedding Problem-Solving and Relationship Skills into Training
- Understanding the Trajectory of Non-Suicidal Self-Harm towards Suicide Attempt
- Implementation Evaluation of the Columbia Suicide Severity Rating Scale
- Means Safety Executive Working Group

Summary: The Community and Public Health Approach

- Suicide is the culmination of complex interactions between biological, social, economic, cultural and psychological factors operating at individual, community and societal levels
- Suicide is a community problem that places the solutions with all members of the community
- Early, active coping strategies and problem-solving of stressors (e.g., financial, legal, and relationship) is encouraged
- Get left as possible – Focus less on medical approach
- Leverage known Evidence Based Practices for implementation across DoD

Contact Information:

Defense Suicide Prevention Office
703-614-8840

VA SUICIDE PREVENTION OVERVIEW

VA SUICIDE PREVENTION OVERVIEW

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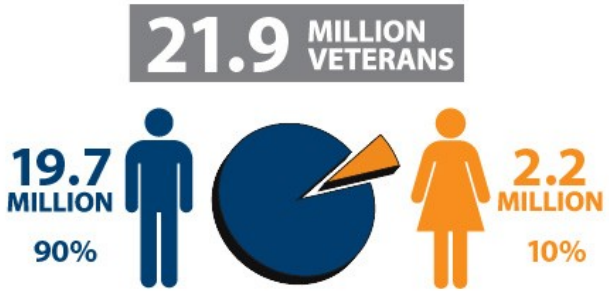
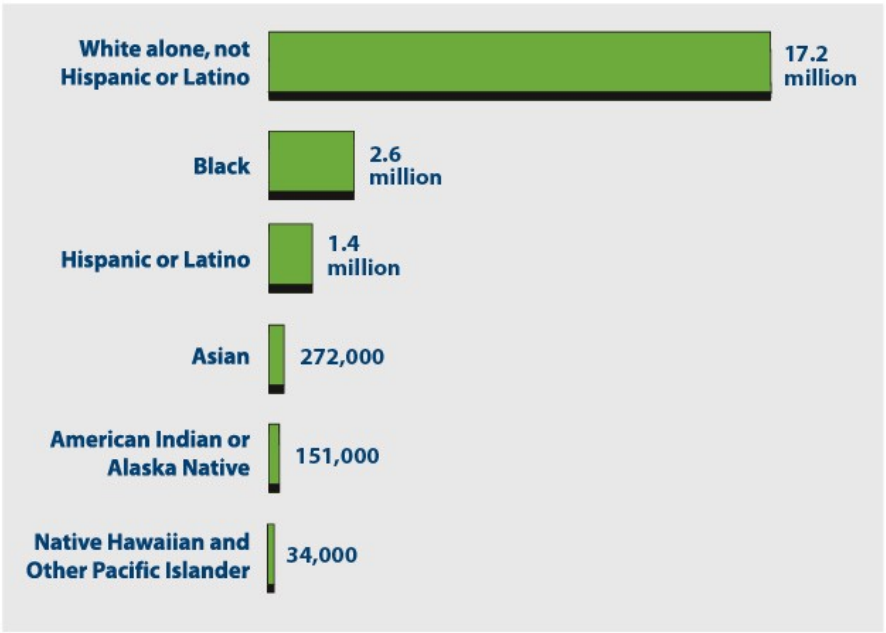
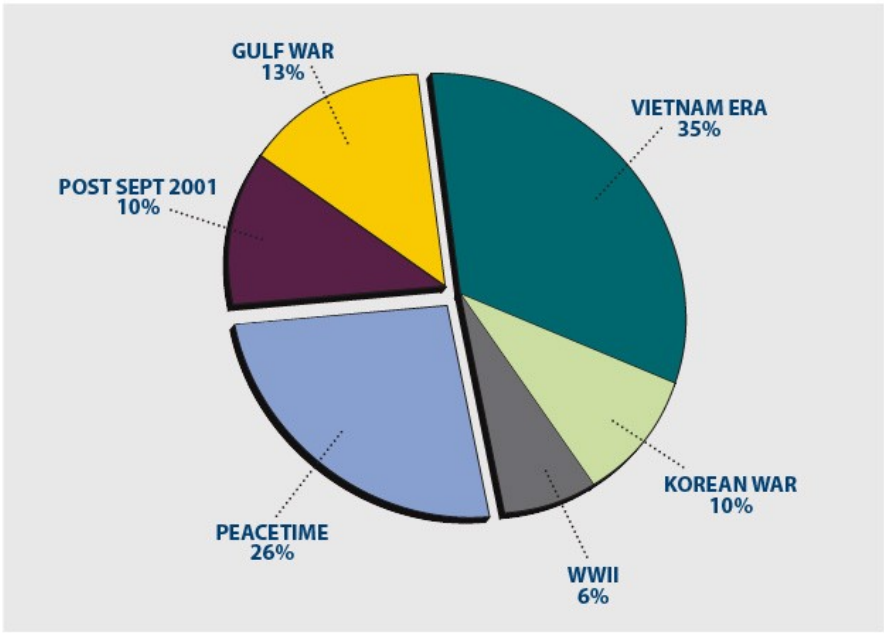
Veterans today



Race & Ethnicity

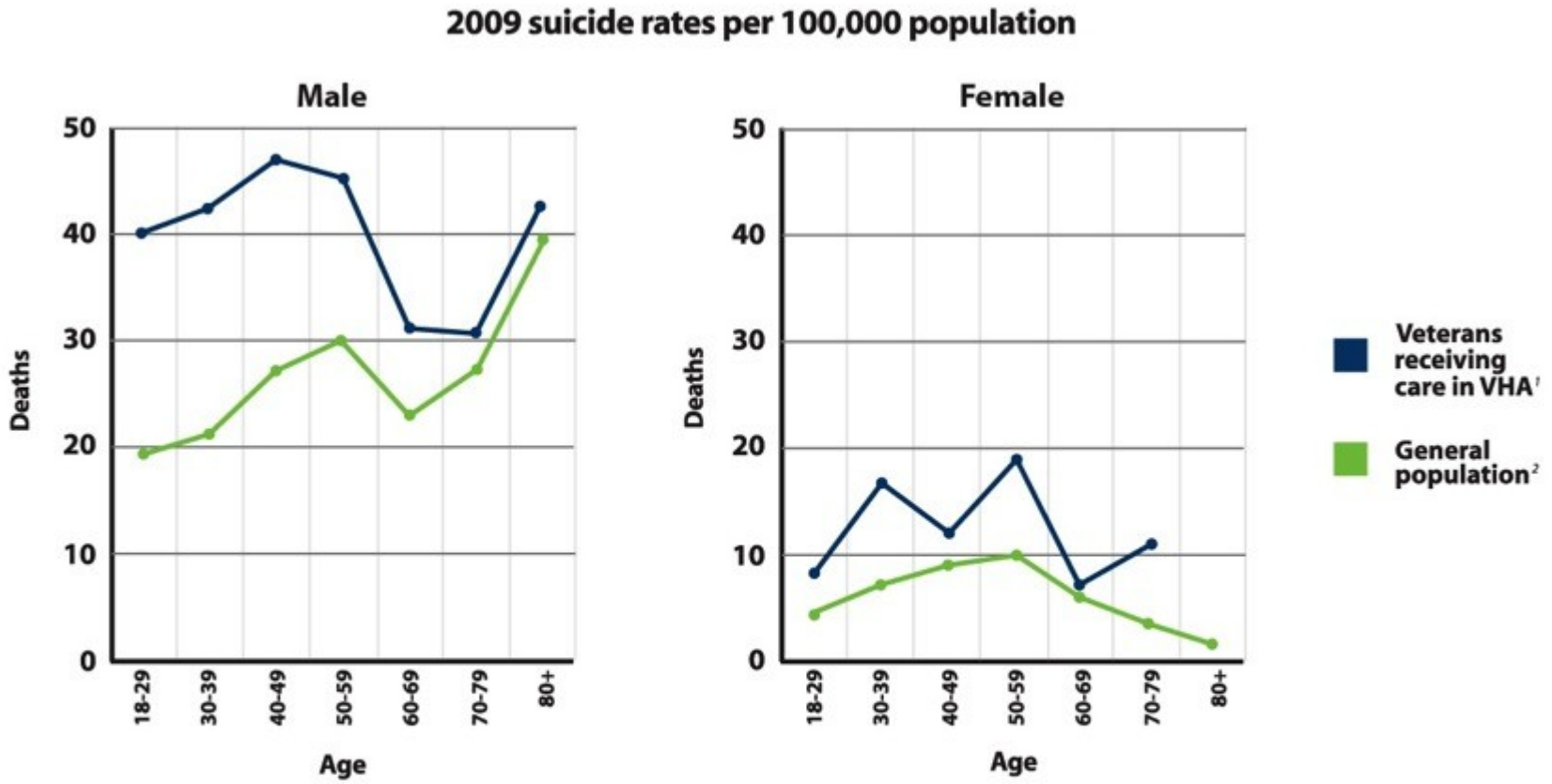


Service Era



U.S. Department of Veterans Affairs (2014). *VetPop 2011*, Table 1L: *Living Veterans by Age Group, Gender, 2010-2040* as of 9/30/2013; Table 2L: *Living Veterans by Period of Service, Gender, 2010-2040* as of 9/30/2013; and Table 3L: *Living Veterans by Race/Ethnicity, Gender, 2010-2040* as of 9/30/2013.

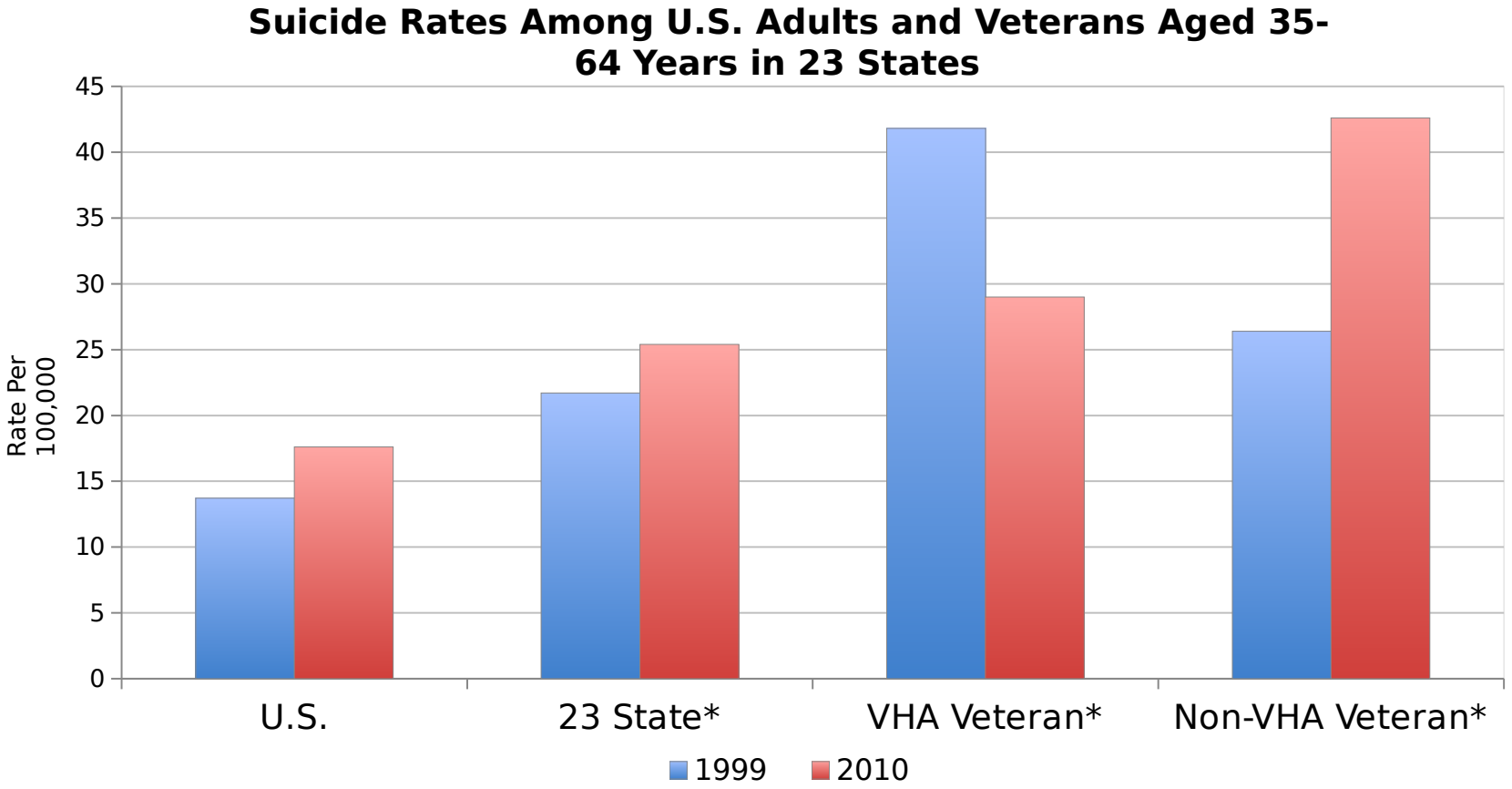
Unfortunately, Veterans are more likely to die by suicide than the general population



1. Veterans Health Administration National Patient Care Database (VHA NPCD) (2009). *Suicide Rates per 100,000 Among VHA Users by Age and Sex, FY 2001-2009.* Identifies all VHA users, identified as having had VHA inpatient or outpatient services.

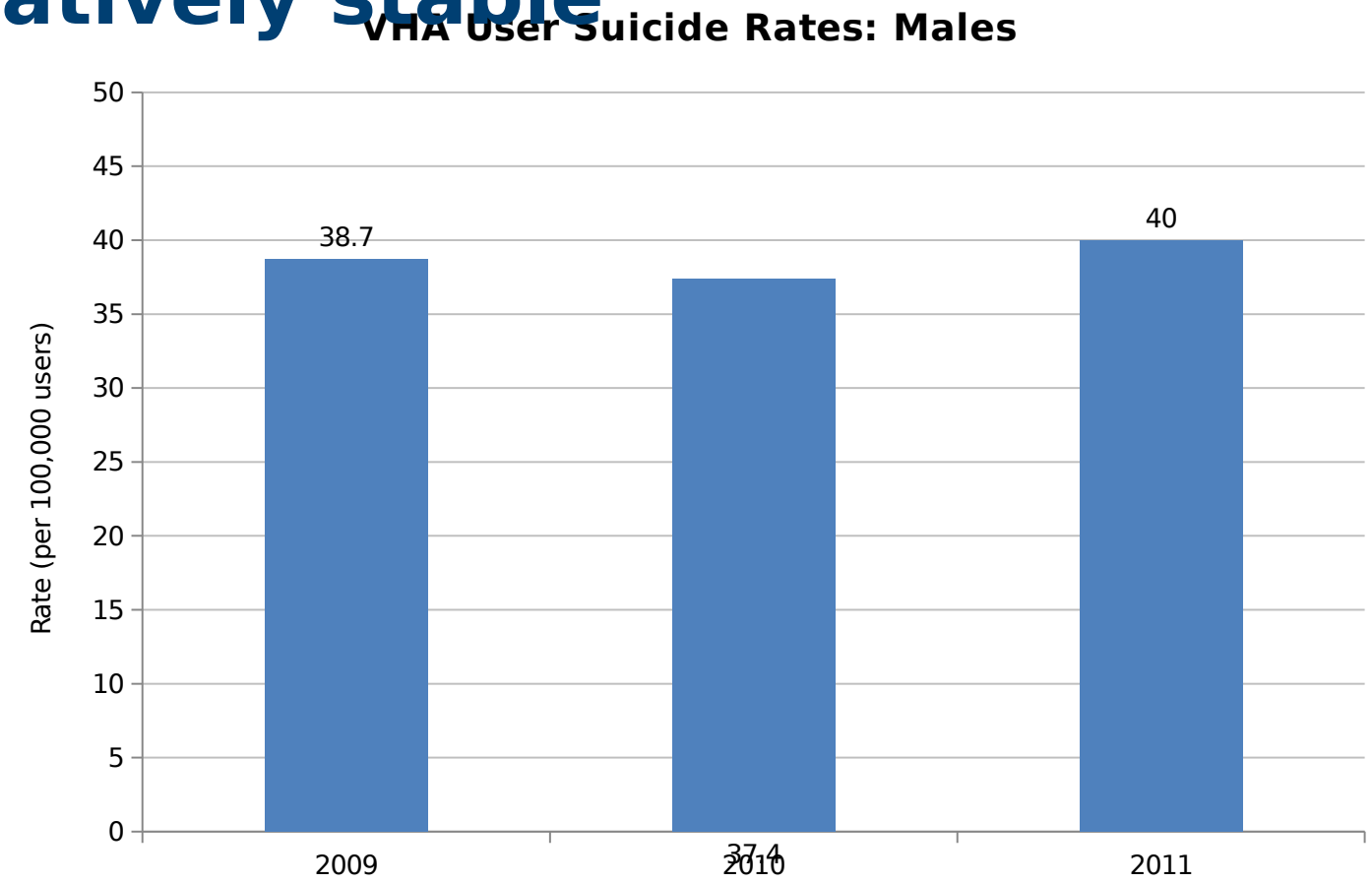
2. U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Office of Statistics and Programming (2012). *2009 Suicide Injury Deaths and Rates per 100,000.* Data sourced from NCHS Vital Statistics Systems for numbers of deaths, and Bureau of Census for population estimates. Retrieved from: http://webappa.cdc.gov/cgi-bin/broker.exe

However, VHA care has an impact on reducing suicide

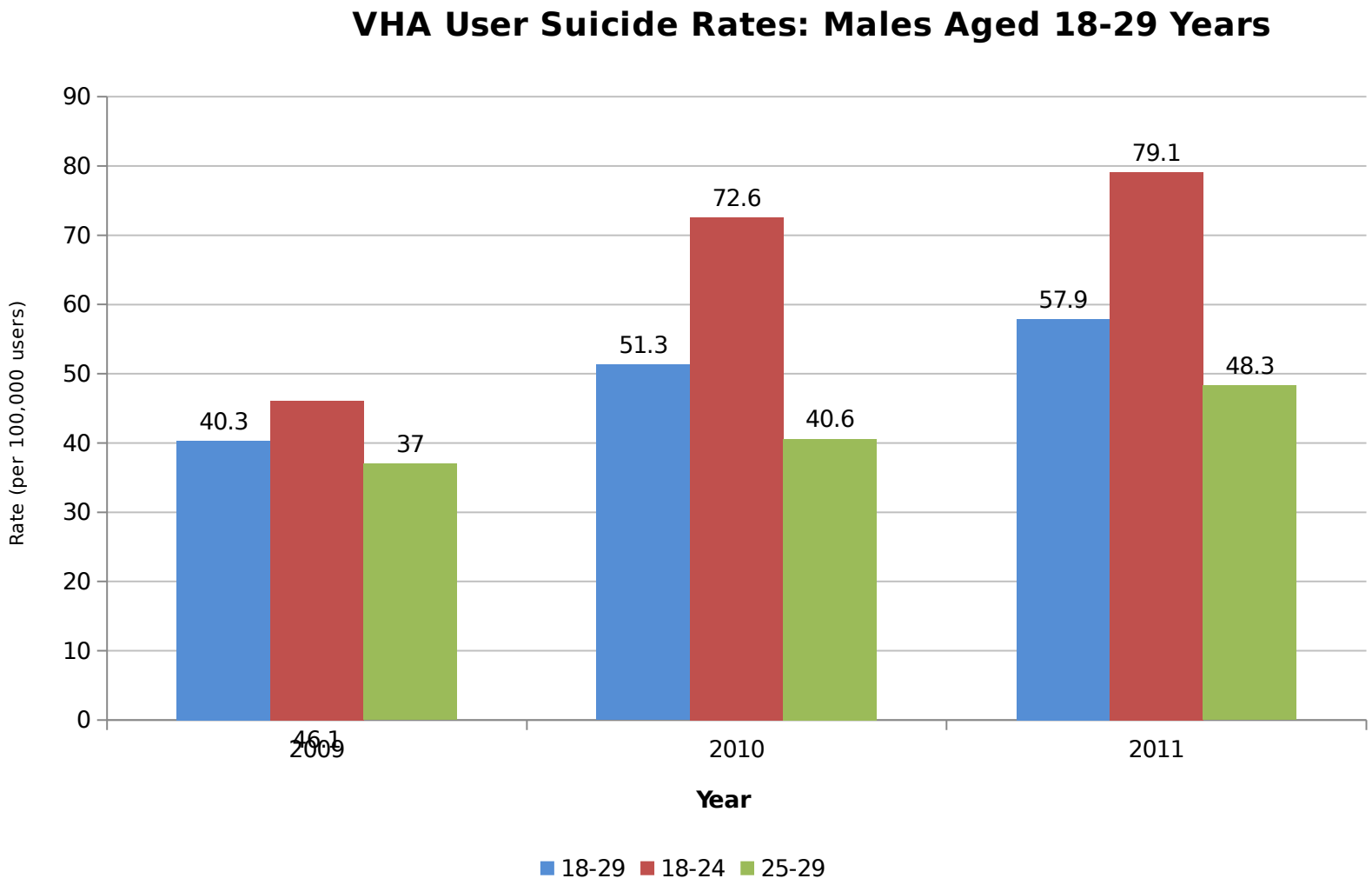


* Included data from New Jersey, New York, Pennsylvania, Rhode Island, Iowa, Kansas, Michigan, Minnesota, Nebraska, Alabama, Arkansas, Florida, Louisiana, North Carolina, Tennessee, Texas, West Virginia, Alaska, Idaho, Montana, Oregon, Utah, Washington.

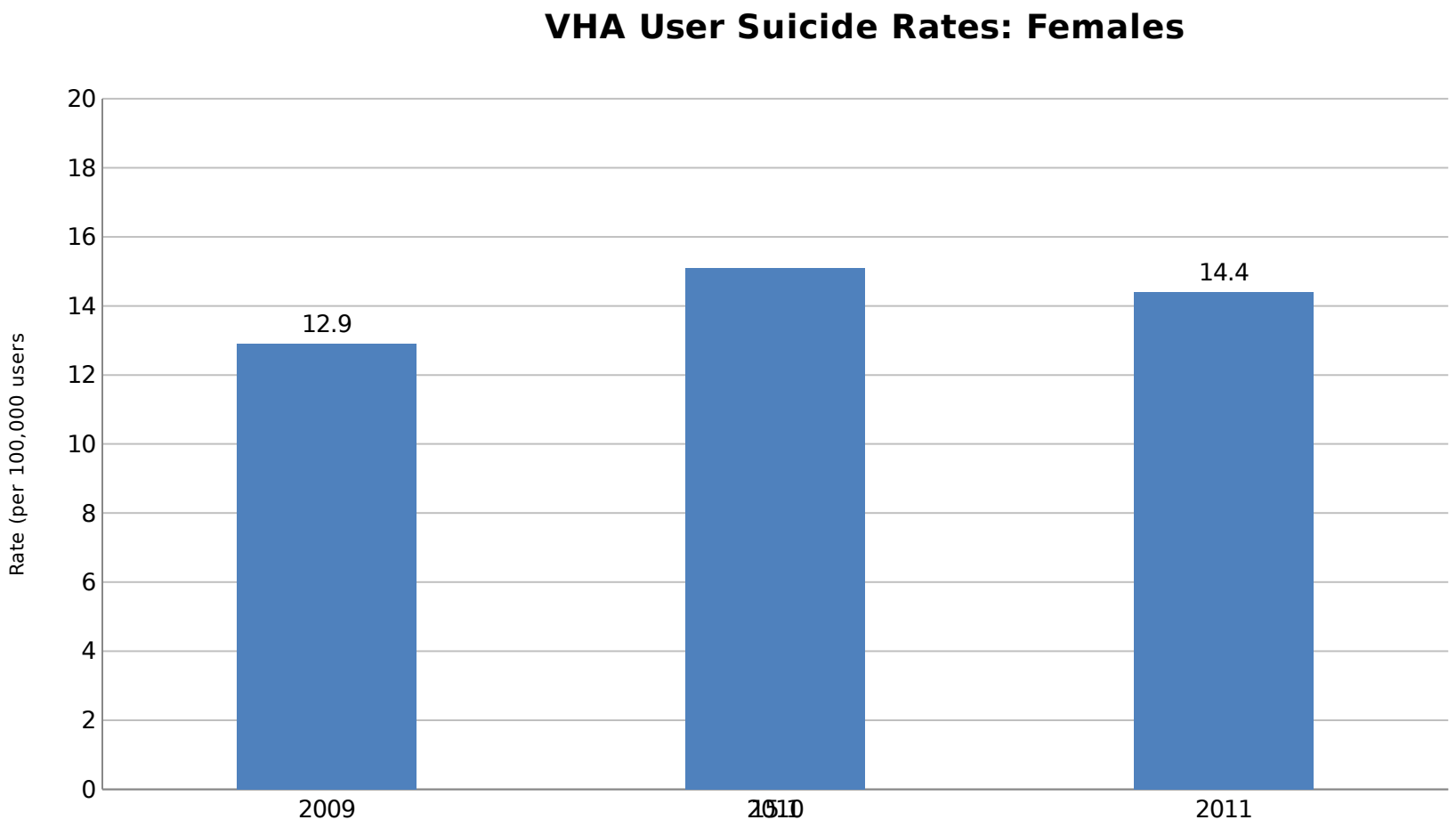
While male VHA users have increased, their overall suicide rates remain relatively stable



Although there have been increases in rates among male VHA users under 30 years



Rates have also increased among female VHA users as this population grows



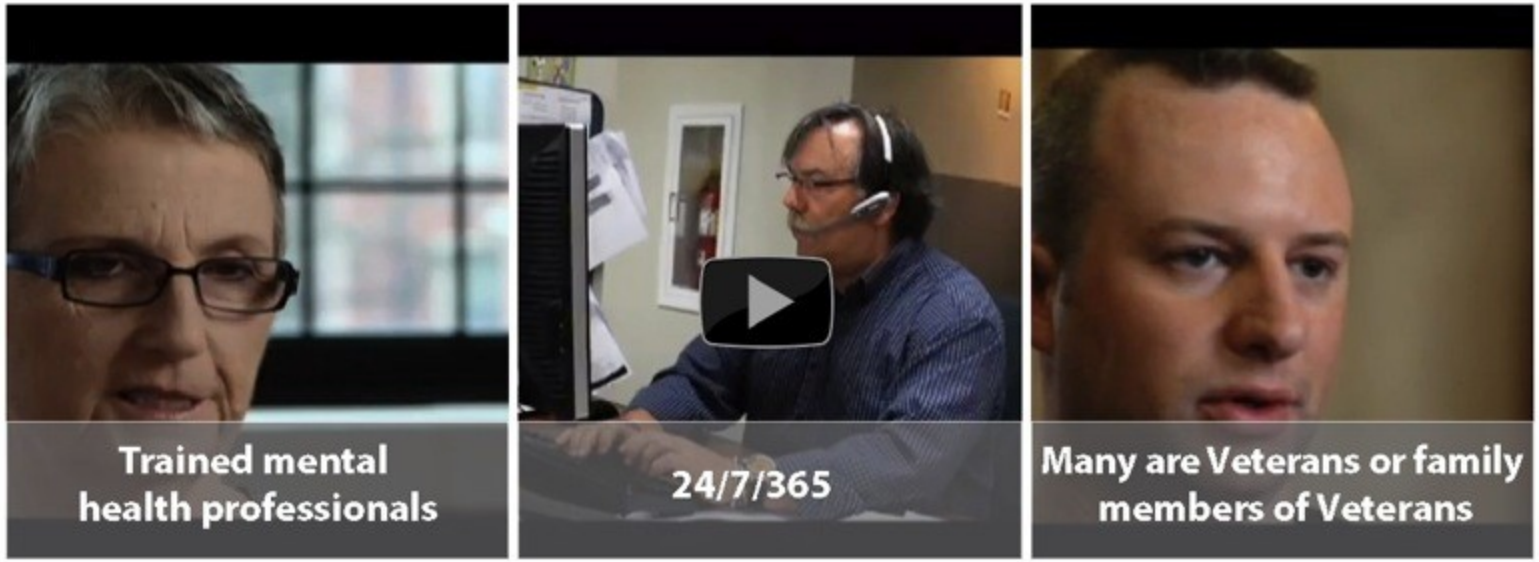
VA’s integrated approach to suicide prevention

Free, confidential support 24/7/365

- Veterans
- Family members
- Friends
- Service members

• • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • •

Trained responders are standing by

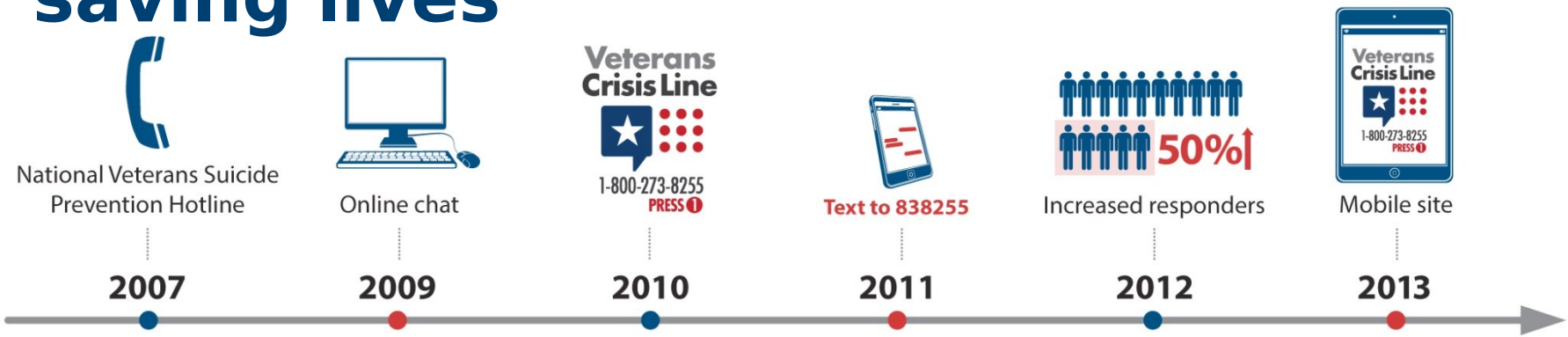


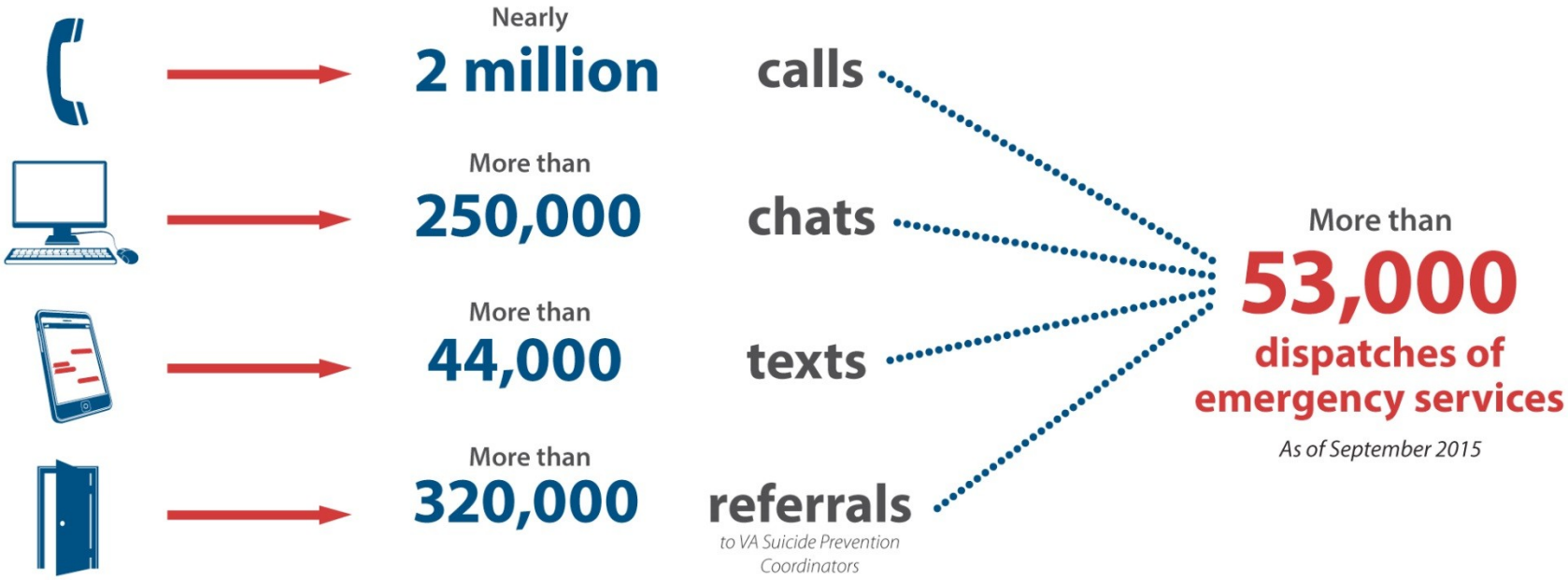
Veterans Crisis Line

1-800-273-8255 PRESS 1

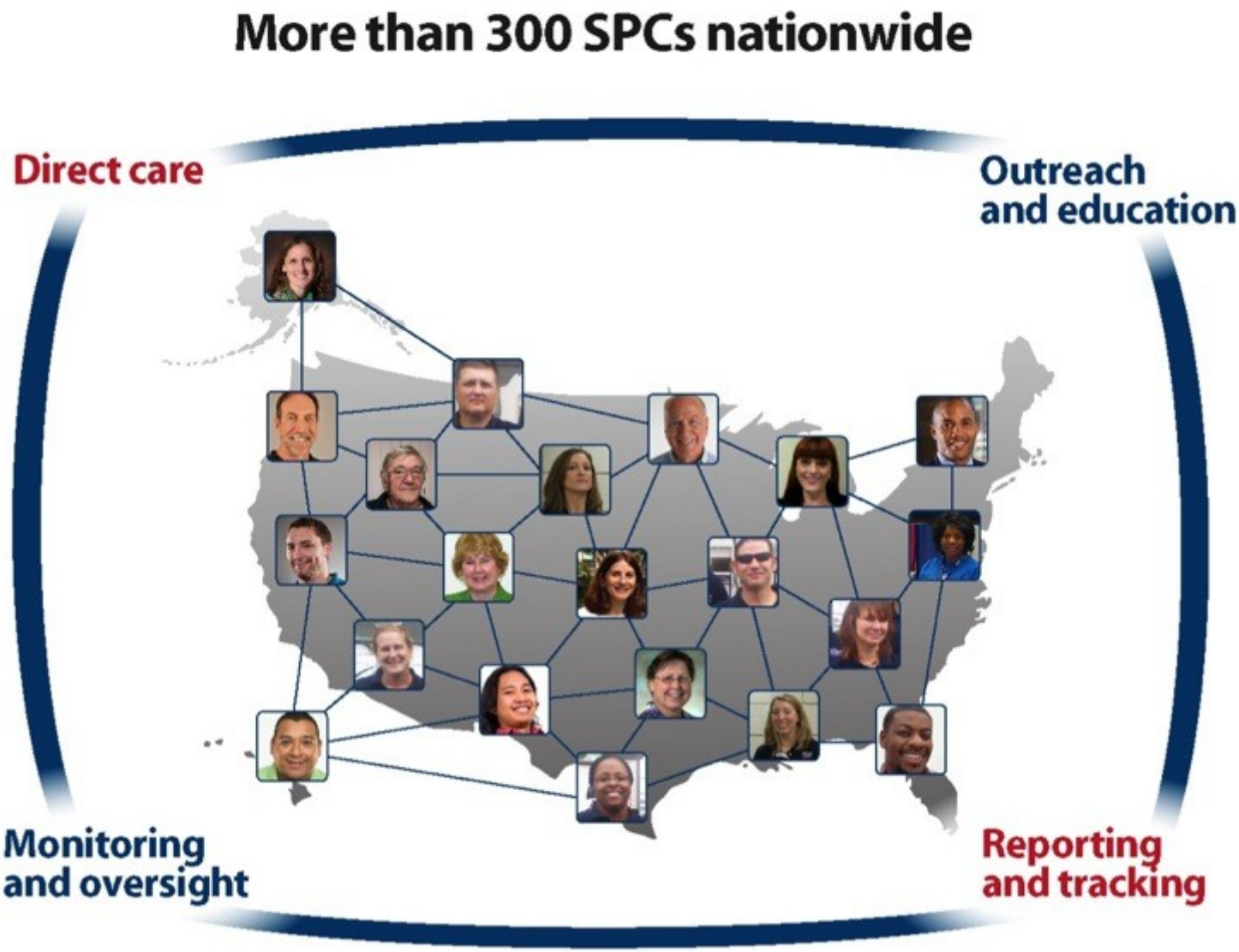
• • • • Confidential chat at VeteransCrisisLine.net or text to 838255 • • • •

Veterans Crisis Line: 8 years of saving lives





Suicide Prevention Coordinators



Connecting with Veterans and their families through outreach

Corporations
Pro sports teams
Government agencies
Military Crisis Line
Speaking engagements
Faith-based Organizations
Veterans Crisis Line
Veterans Service Organizations
Collateral distribution
Red Cross, Vets' Crisis Line Work to Prevent Suicides
Soldiers are taking their own lives at a rate faster than one per day this past July, according to the U.S. Army.
Conference and event support
Out-of-Home advertising
Community-based Organizations

Operation SAVE: Teaching communities how to help Veterans at risk of suicide

Operation S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis.

- **S**igns of suicidal thinking should be recognized
- **A**sk the most important question of all
- **V**alidate the Veteran's experience
- **E**ncourage treatment and **E**xpedite getting help

Those in crisis often display warning signs:

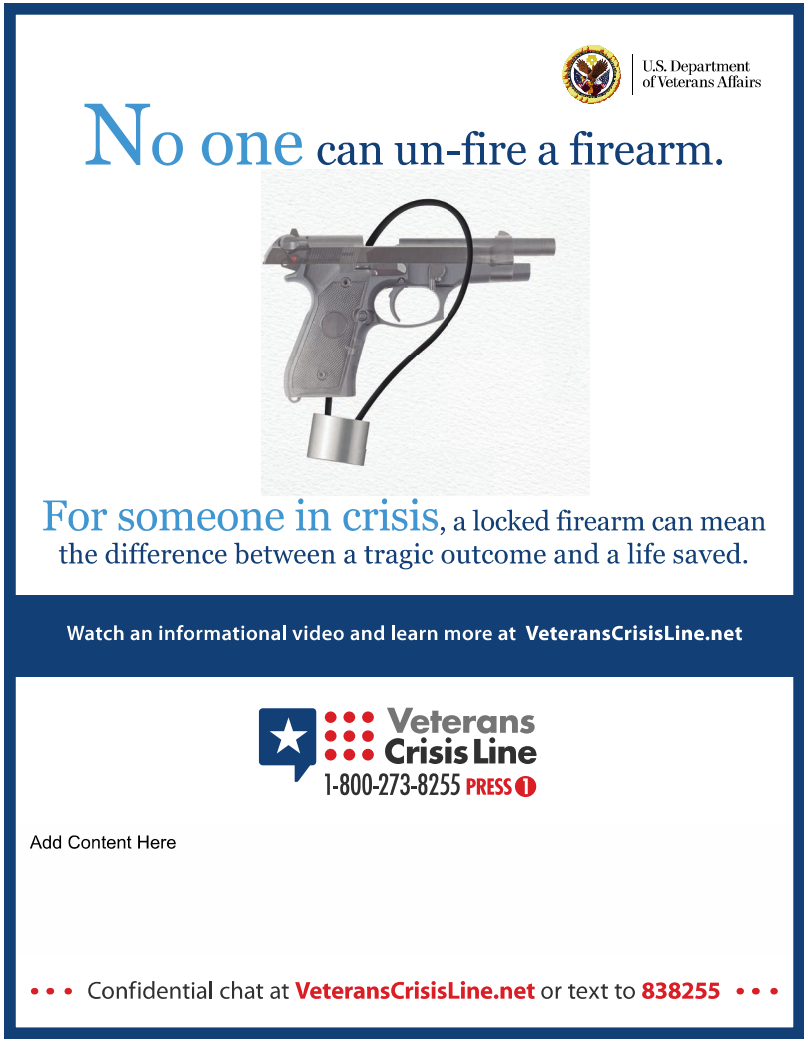
Learn to recognize these warning signs:

- Hopelessness, feeling like there's no way out
- Anxiety, agitation, sleeplessness, or mood swings
- Feeling like there is no reason to live
- Rage or anger
- Engaging in risky activities without thinking
- Increasing alcohol or drug abuse
- Withdrawing from family and friends

The presence of the following signs requires immediate attention:

- Thinking about hurting or killing yourself
- Looking for ways to kill yourself
- Talking about death, dying, or suicide
- Self-destructive behavior such as drug abuse, weapons, etc.

VCL gun safety video: Simple actions help keep individuals and families safe


U.S. Department of Veterans Affairs
No one can un-fire a firearm.
For someone in crisis, a locked firearm can mean the difference between a tragic outcome and a life saved.
Watch an informational video and learn more at VeteransCrisisLine.net
Veterans Crisis Line
1-800-273-8255 PRESS 1
Add Content Here
Confidential chat at VeteransCrisisLine.net or text to 838255

Suicide Prevention Coordinators at local VA Medical Centers can provide gun locks to secure firearms in the home

"Perspectives"
March 2011 - August 2011

"Waking Up"
September 2011 - February 2012

"Common Journey"
June 2012 - November 2012

"Side by Side"
November 2012 - May 2013

"Stand by Them"
March 2013 - September 2013

"These Hands"
June 2013 - November 2013

"Talking About It Matters"
September 2013 - March 2014

"Commitments"
April 2014 - October 2014

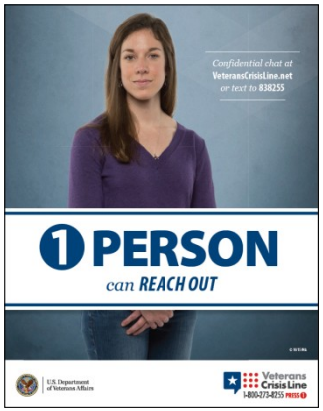
"The Power of 1"
September 2014 - currently running

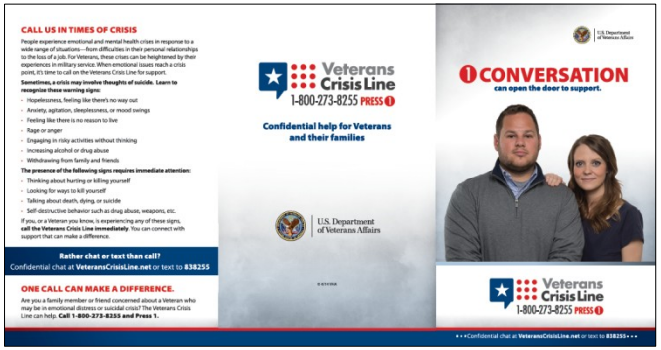
"Lost: The Power of One Connection"
March 2015 - September 2015

"1 Act"
August 2015 - currently running

Campaign materials

Brochures and Posters




CALL US IN TIMES OF CRISIS
Veterans Crisis Line
1-800-273-8255 PRESS 1
Confidential help for Veterans and their families
U.S. Department of Veterans Affairs
1 CONVERSATION
can open the door to support.
ONE CALL CAN MAKE A DIFFERENCE.

Wallet Card

Coaster

Magnet

Key Chain

Tote Bags

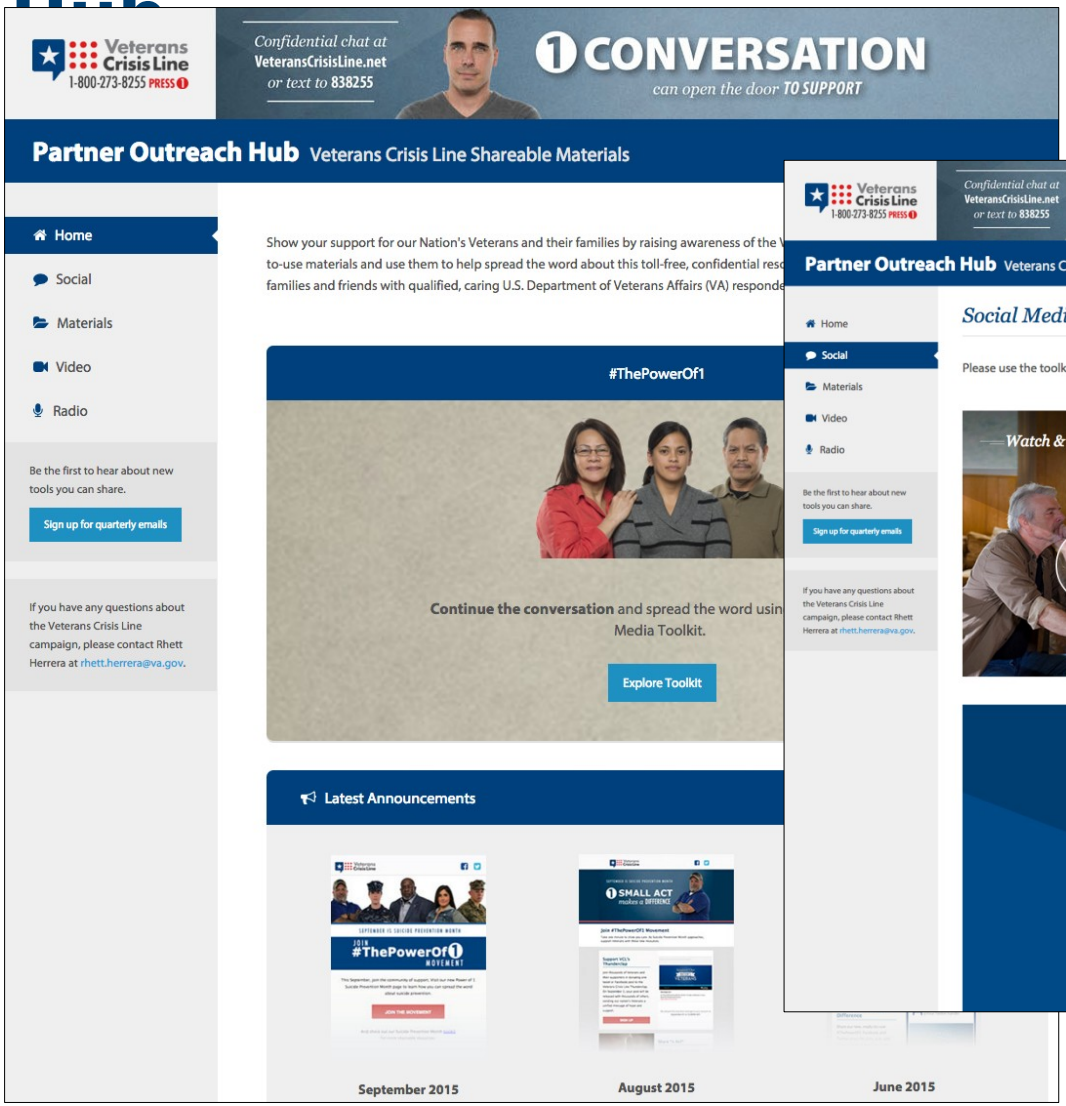
Pillbox

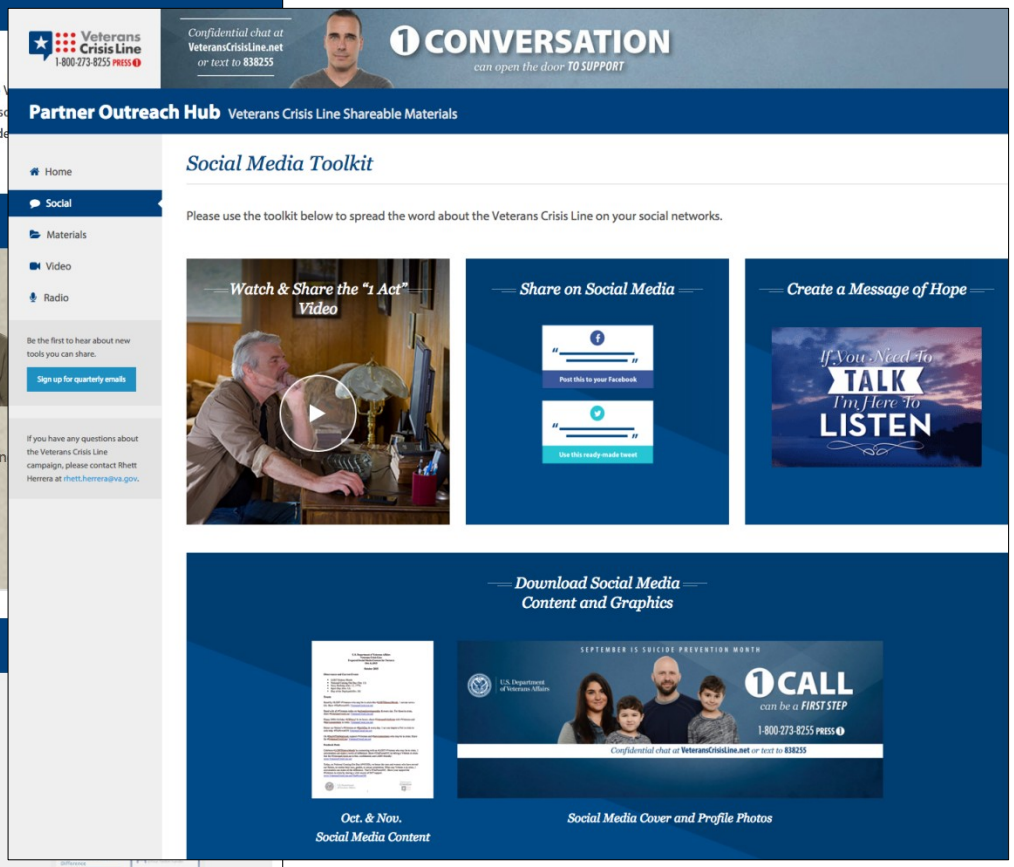
Bracelet

Kickstand Pads

Phone Sticker

VeteransCrisisLine.net Partner Outreach Hub


Veterans Crisis Line
1-800-273-8255 PRESS 1
Confidential chat at VeteransCrisisLine.net or text to 838255
1 CONVERSATION
can open the door TO SUPPORT
Partner Outreach Hub Veterans Crisis Line Shareable Materials
Home
Social
Materials
Video
Radio
Be the first to hear about new tools you can share.
Sign up for quarterly emails
If you have any questions about the Veterans Crisis Line campaign, please contact Rhett Herrera at rhett.herrera@va.gov.
Show your support for our Nation's Veterans and their families by raising awareness of the
to-use materials and use them to help spread the word about this toll-free, confidential
families and friends with qualified, caring U.S. Department of Veterans Affairs (VA) responde
#ThePowerOf1
Continue the conversation and spread the word usin
Media Toolkit.
Explore Toolkit
Latest Announcements
September 2015
August 2015
June 2015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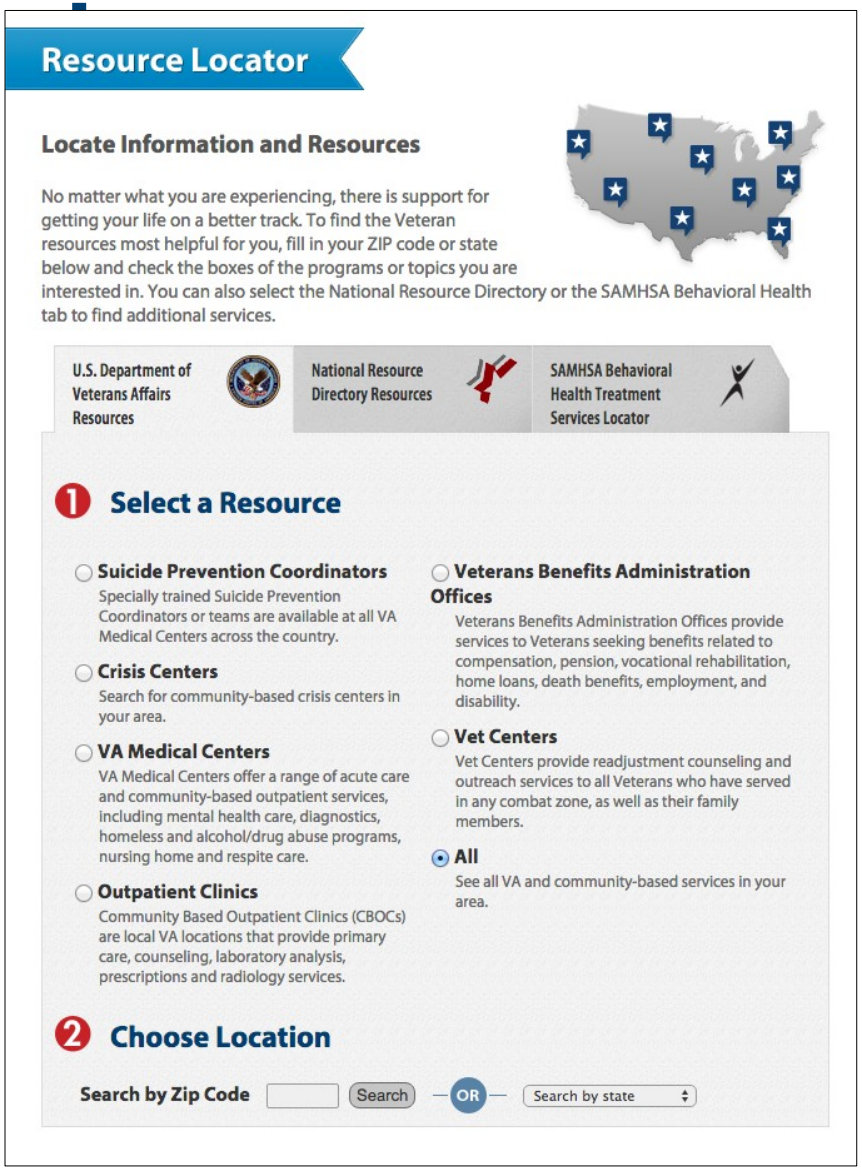
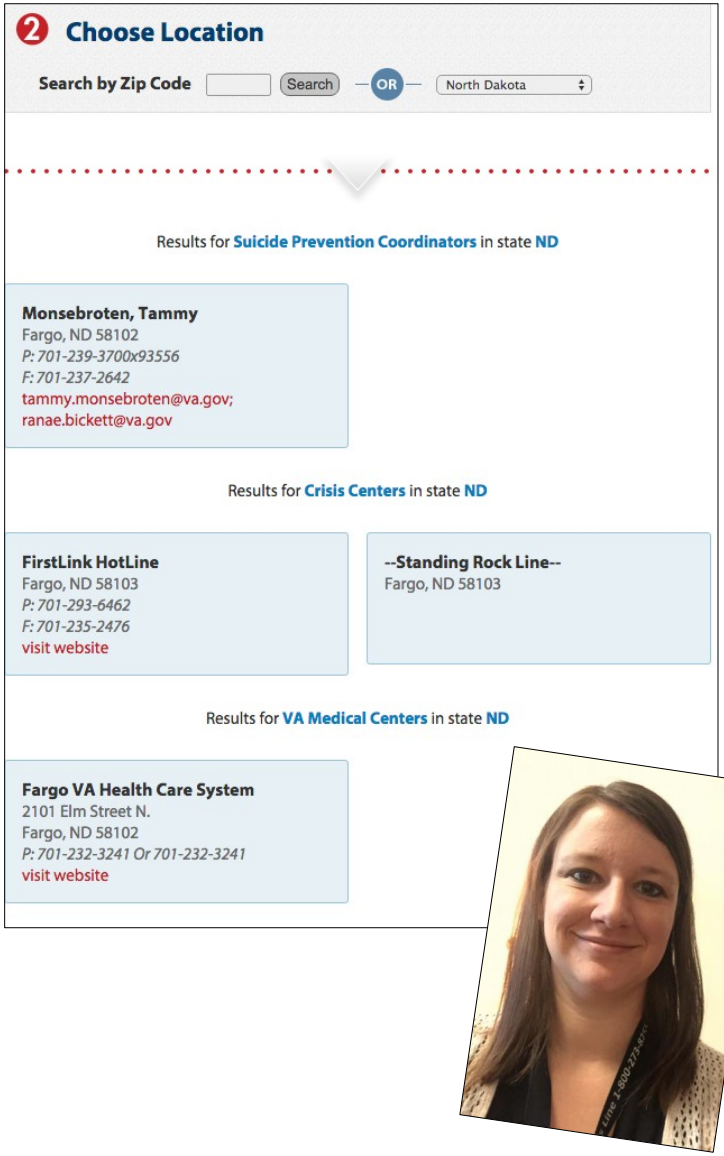
Sign up for quarterly emails
If you have any questions about the Veterans Crisis Line campaign, please contact Rhett Herrera at rhett.herrera@va.gov.
Social Media Toolkit
Please use the toolkit below to spread the word about the Veterans Crisis Line on your social networks.
Watch & Share the "1 Act" Video
Share on Social Media
Post this to your Facebook
Use this ready-made tweet
Create a Message of Hope
If You Need To TALK I'm Here To LISTEN
Download Social Media Content and Graphics
SEPTEMBER IS SUICIDE PREVENTION MONTH
1 CALL can be a FIRST STEP
1-800-273-8255 PRESS 1
Confidential chat at VeteransCrisisLine.net or text to 838255
Oct. & Nov. Social Media Content
Social Media Cover and Profile Photos

VeteransCrisisLine.net/ResourceLoca


Resource Locator
Locate Information and Resources
No matter what you are experiencing, there is support for getting your life on a better track. To find the Veteran resources most helpful for you, fill in your ZIP code or state below and check the boxes of the programs or topics you are interested in. You can also select the National Resource Directory or the SAMHSA Behavioral Health tab to find additional services.
U.S. Department of Veterans Affairs Resources
National Resource Directory Resources
SAMHSA Behavioral Health Treatment Services Locator
1 Select a Resource
Suicide Prevention Coordinators
Specially trained Suicide Prevention Coordinators or teams are available at all VA Medical Centers across the country.
Crisis Centers
Search for community-based crisis centers in your area.
VA Medical Centers
VA Medical Centers offer a range of acute care and community-based outpatient services, including mental health care, diagnostics, homeless and alcohol/drug abuse programs, nursing home and respite care.
Outpatient Clinics
Community Based Outpatient Clinics (CBOCs) are local VA locations that provide primary care, counseling, laboratory analysis, prescriptions and radiology services.
Veterans Benefits Administration Offices
Veterans Benefits Administration Offices provide services to Veterans seeking benefits related to compensation, pension, vocational rehabilitation, home loans, death benefits, employment, and disability.
Vet Centers
Vet Centers provide readjustment counseling and outreach services to all Veterans who have served in any combat zone, as well as their family members.
All
See all VA and community-based services in your area.
2 Choose Location
Search by Zip Code
Search
OR
Search by state

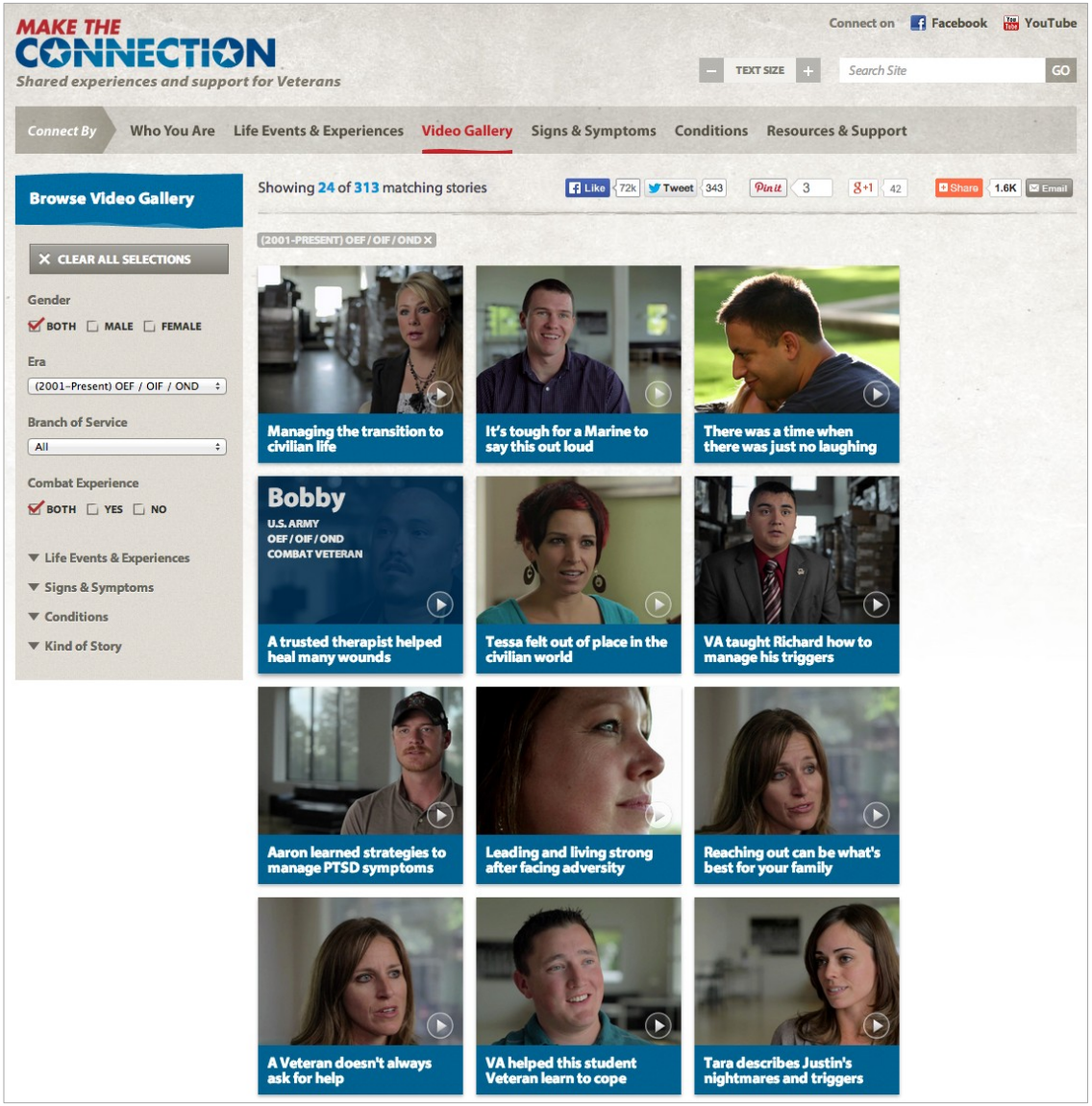


MAKE THE CONNECTION

www.MakeTheConnection.net

- Is relevant to all Veterans and their families**, regardless of eligibility for VA care** or the range of mental health issues they may be experiencing
- Informs Veterans, their families and friends, and members of their communities about **resources designed to help Veterans live well**
- **Reaches Veterans where they are**—online and through trusted media and influencers—when they need support
- Features **true stories** from real Veterans, which serve as a powerful tool in breaking down barriers and can **help Veterans realize they are not alone**

Make the Connection



Listen to 380+ video testimonials from Veterans and their family members

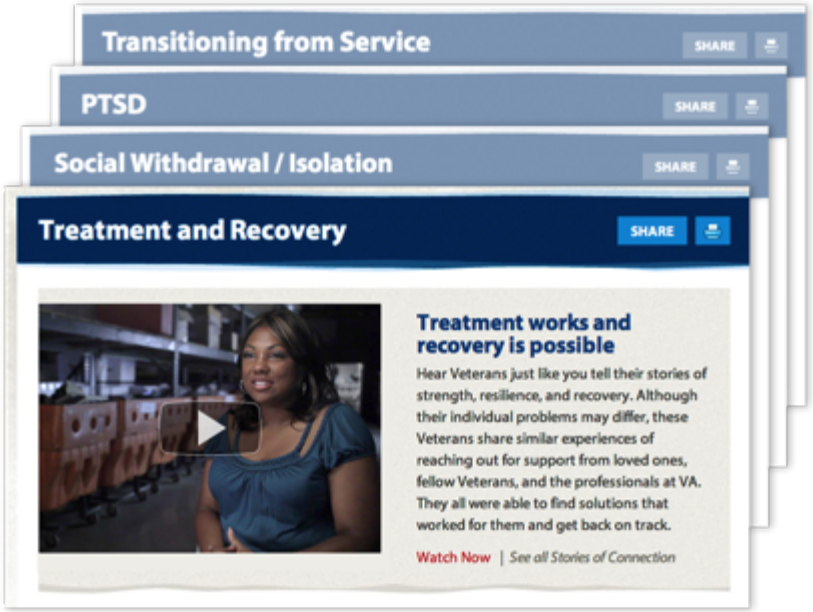
Learn, in plain language, about topics and solutions relevant to their experiences

Locate resources, programs, and services near them

Understanding our Veterans

To better understand the challenges facing some Veterans, police and other public safety leaders can view content at ***MakeTheConnection.net*** about:

- **Life events and experiences**
  - Transitioning from service
  - Financial and legal issues
  - Family and relationships
- **Common signs and symptoms**
  - Alcohol and drug problems
  - Flashbacks
  - Anger and irritability
  - Feeling on edge
- **Mental and physical health**
  - PTSD
  - TBI (traumatic brain injury)
  - MST (military sexual trauma)
  - Depression
  - Suicide


Transitioning from Service
SHARE
PTSD
SHARE
Social Withdrawal / Isolation
SHARE
Treatment and Recovery
SHARE
Treatment works and recovery is possible
Hear Veterans just like you tell their stories of strength, resilience, and recovery. Although their individual problems may differ, these Veterans share similar experiences of reaching out for support from loved ones, fellow Veterans, and the professionals at VA. They all were able to find solutions that worked for them and get back on track.
Watch Now | See all Stories of Connection

…And much more.

Resources

- Mental Health
  - VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. All mental health care provided by VHA supports recovery, striving to enable a person with mental health problems to live a meaningful life in their community and achieve full potential.
  - For more information on VA Mental Health Services visit www.mentalhealth.va.gov.

- Vet Centers
  - Vet Centers are VA community based centers that provide a range of counseling, outreach and referral services.
  - For more information about Vet Centers and to find the closest Vet Center to you visit www.vetcenter.va.gov.

- Coaching Into Care
  - A free, confidential "coaching" service provided by VA that helps Veterans' family and friends to recognize when their Veteran needs support and connect them with local resources.
  - Call 888-823-7458 to reach a coach. To learn more about Coaching Into Care please visit http://www.mirecc.va.gov/coaching/services.asp.

- Community Provider Toolkit
  - VA's Community Provider Toolkit offers Mini-Clinics, an online resource that enables clinicians to easily access information and tools for treating Veteran patients with various mental health conditions. These online "clinics" contain tools for assessing patients for these conditions, training clinicians to treat those patients, and educational handouts.
  - To access the Mini-Clinics and the useful resources they contain, visit http://www.mentalhealth.va.gov/communityproviders/miniclinics.asp.

Resources

- PTSD
  - Each VA Medical Centers has PTSD specialists who provide treatment for Veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you visit www.ptsd.va.gov.
  - PTSD Coach App: The PTSD Coach application allows phone users to manage their symptoms, links them with local sources of support and provides information on post-traumatic stress disorder (PTSD). Visit www.ptsd.va.gov/public/pages/PTSDCoach.asp.

- Wounded Warrior Project
  - An organization dedicated to well-being and adjustment of wounded warriors in America, focused on raising awareness, helping injured Service members, and empowering a generation of Veterans.
  - To learn more about the Wounded Warrior project please visit http://www.woundedwarriorproject.org/.

- National Alliance on Mental Illness (NAMI)
  - A grassroots mental health advocacy group with extensive educational materials, programs, and support for individuals and families affected by mental illness.
  - To learn more about NAMI or to find local support for a Veteran you are working with, please visit http://www.nami.org/.

Additional information and materials available at VeteransCrisisLine.net

Caitlin Thompson, Ph.D.
Department of Veterans Affairs National Mental Health Director for Suicide Prevention and Community Engagement
VA Mental Health Services (10P4M)

Caitlin.Thompson@va.gov
202-461-4173

Questions

- Submit questions via the Q&A box located on the screen.
- The Q&A box is monitored and questions will be forwarded to our presenters for response.
- We will respond to as many questions as time permits.

How to Obtain CE Credit

1. After the webinar, go to URL http://dspo.cds.pesgce.com
2. Select the activity: **24 Feb 2016 DSPO** webinar
3. This will take you to the log in page. Please enter your e-mail address and password. If this is your first time visiting the site, enter a password you would like to use to create your account. Select Continue.
3. Verify, correct, or add your information AND select your profession(s).
5. Proceed and complete the activity evaluation.
6. Upon completing the evaluation you can print your CE Certificate. You may also e-mail your CE Certificate. Your CE record will also be stored here for later retrieval.
7. The website is open for completing your evaluation for **14 days.**
8. After the website has closed, you can come back to the site at any time to print your certificate, but you will not be able to add any evaluations.

Enduring CE Opportunity
COMING SOON!

- Beginning **April 8, 2016**, we will offer web-based, pre-recorded home-study courses for continuing education credit for the February DSPO/VA Webinar Series. Visit http://dspo.cds.pesgce.com/ to register.

- Credit Designations include:
  - Physicians – Accreditation Council for Continuing Medical Education (ACCME) AMA PRA Category 1
  - Physician Assistants – American Academy of Physician Assistants (AAPA) Category 1
  - Nurses – American Nurses Credentialing Center (ANCC)
  - Nurse Practitioners – American Association of Nurse Practitioners (AANP)
  - Health Care Executives – American College of Health Care Executives (ACHE)
  - Rehabilitation Counselors – Commission on Rehabilitation Counselor Certification (CRCC)
  - Speech Language Professionals/Audiologists – American Speech-Language-Hearing Association (ASHA) (Intermediate level, Professional area)
  - Psychologists – American Psychological Association (APA) Division 22 (Rehabilitation Psychology)
  - Occupational Therapists – ACCME Non-Physician CME
  - Physical Therapists – ACCME Non-Physician CME, Texas PT Association
  - Social Workers – National Association of Social Workers (NASW)
  - Case Managers – Commission for Case Manager Certification (CCMC)
  - Pharmacists and Pharmacy Technicians – Accreditation Council for Pharmacy Education (ACPE)

Webinar Feedback

- We want your feedback!
- Please send comments to usarmy.ncr.medcom-usamrmc-dcoe.mbx.dspo-va-webinar@mail.mil

Chat and Networking

- Chat function will remain open 10 minutes after the conclusion of the webinar to permit webinar attendees to continue to network with each other.

Save the Date

- Please join us for the next VA led *Suicide Prevention: The Public Health Approach Webinar Series*

May 25, 2016; 2-3:30 p.m. (ET)